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ABSTRACT

This booklet is the first in a series of publications designed to provide parents with useful information about childrearing. Contents are organized into three parts. Part I focuses on the pregnancy, prenatal care, development of the baby, pregnant lifestyles, nutrition, common discomforts, and problems of pregnancy. Part II provides information about the birth, labor and delivery, and hospital stay and recovery. Part III concerns the baby (feeding, birth weight, schedules, bathing, and so forth). (RH)

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PRENATAL CARE

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PRENATAL CARE

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Introduction

Here is a short quiz for the woman who has just found out she is pregnant.

You are:	The baby's father is:
(a) happy about it	(a) proud
(b) unhappy about it	(b) worried
(c) not sure how you feel	(c) not sure how he feels

Whatever your answers, they are correct. Realizing that you are about to bring a new person into the world is bound to produce a mixture of feelings.

This new person is also going to bring about some important changes in your life. During your pregnancy you will have to make a number of choices. This booklet identifies the kinds of decisions you will have to make and will help you make the correct choices to increase your chances of having a healthy and happy baby. It will also help you and the baby's father understand the physical and emotional changes that occur during pregnancy. And it will introduce you to some of the people who will help you receive the proper prenatal care.

For your baby's sake as well as your own, it is important that you get medical attention early and regularly during your pregnancy. You will want to base some of your decisions on the advice of your doctor or other persons specially trained to help you.

Since 1913, when the Children's Bureau published the first edition of Prenatal Care, our knowledge of pregnancy and the childbirth process has increased dramatically. Women today have many more options than were available to their mothers—and in some cases, their older sisters.

Although there are some areas where there are differences of opinion as to "what is best" for pregnant women, we have tried to present the best available information to help you with your decisions. If it differs from other advice you have received—discuss it with your doctor.

It's your baby, and you are the one who must make the important choices.

Part One

The Pregnancy

The most favorable time to have a baby is when you are between 18 and 35 years old. Your body has completed its own growth and with proper dietary habits is well prepared to nurture a developing baby.

Whatever your age, it is important to seek medical attention as soon as you think you might be pregnant.

Signs of Pregnancy

The most common first sign of pregnancy is a missed menstrual period, although you may miss a period because of illness, stress, or a change in your lifestyle. Other signs that you may be pregnant include sore or tender breasts, nausea and vomiting, frequent urination, and fatigue.

You may have any or all of these signs—or none of them. Every woman's body is unique and so is every pregnancy. That's why it's important for you to see a doctor or nurse-midwife, or go to a clinic as soon as you suspect you might be pregnant.

Pregnancy Tests

The sooner you know you are pregnant, the sooner you can begin proper prenatal care. Therefore, it is important to have a pregnancy test as soon as possible after you miss your first period or as soon as you think you might be pregnant. Some tests can be done as early as a few days after a single missed period. These tests are made on a sample of your urine. They are usually performed in a laboratory by technicians.

You can also buy do-it-yourself pregnancy testing kits in the drug store. These tests are also done on a urine sample at least 15 days after a missed period. Because these tests are very sensitive, the slightest movement, the slightest amount of dust in the container, or checking the result too early or too late may give you a wrong answer—either way. It is a good idea to see your doctor *whatever* the result of the do-it-yourself test. Another test done in the laboratory can double check your result and, if you are not pregnant, help the doctor find out why you missed a period.

Feelings

The discovery that you are pregnant is bound to produce mixed emotions in both you and the baby's father. You may be excited, happy, worried and concerned—all at the same time. The father

may feel proud or very uncertain. Everyone is different and everyone reacts differently.

Whatever your initial reaction, your feelings will change, perhaps many times, during the course of your pregnancy. This is normal. It doesn't matter whether this pregnancy is your first pregnancy, whether it is unplanned, whether one partner is not as happy as the other, or whether both of you are happy about the coming baby.

As you talk and plan and learn about pregnancy and parenting, you will be better able to deal with your concerns. That's why you should try to learn about pregnancy and the birth process as you are experiencing it. Join prenatal classes. Share your feelings with others, be with friends, and continue to do the things you enjoy.

Mood Changes

During the first 3 months of pregnancy, both your body and your emotions go through many changes. You will be happy one day and cry the next. Some days you may be very irritable, and some days very calm. As your body adjusts to the pregnancy, your temperament will return to normal. However, during the last weeks of pregnancy, you may feel uncomfortable, unattractive, a little nervous, and you may have trouble sleeping. Some days you may feel weepy and grouchy, while on others you'll be happy and excited. Don't worry about it. All women go through these changes in feelings.

A Note to Fathers

It is quite normal for the father-to-be to experience mood changes during the pregnancy. At times you may feel helpless and left out, worried about her pregnancy, and concerned about your own new responsibilities. The more you can learn about pregnancy and how she feels, the easier it will be for both of you. Your support is extremely important during her pregnancy.

Talk to men who are already fathers and learn how you can help your partner. Go with her to the doctor or clinic and ask any questions you may have. Attending childbirth classes will help you get rid of much of the anxiety that comes from not knowing what to expect. Discuss how you feel about being with her in the delivery room and being her coach during labor.

You can help your partner with her exercises and breathing, remind her that smoking or drinking is not healthy, express your

love, and assure her that she looks pretty to you. This pregnancy can help the two of you become closer than ever and make you a real partner in bringing your child into the world.

Brothers and Sisters

Children react in different ways when they find out that a new baby is coming into their home. It is very important, therefore, to talk to them about the baby and make them feel special and included. Let them help get the baby's room ready and encourage them to learn what a big brother or sister can do.

Younger children particularly need to be prepared for their mother's absence and to know who will care for them. Your library has books to help even very young children understand as much as possible about what is going on.

Problems That Won't Go Away

If you or the baby's father are feeling low or anxious and cannot deal with your problems, you may want to talk to someone outside the family. Most clinics have social workers or other specially trained counselors to help you cope with problems in your relationship with the father of your baby or your family, and with other problems in your life such as housing, work, school, or money. Ask your doctor, nurse, or someone in the clinic to refer you for help.

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Prenatal Care

Prenatal care is the health care you receive before your baby is born. Women who start prenatal care early in their pregnancies tend to have fewer problems and deliver healthier babies than do women who delay or have no prenatal care. It is important to see a doctor or visit a clinic as soon as you suspect you might be pregnant because your baby's body develops rapidly, and all the major organs are formed during the first 12 weeks of pregnancy.

Prenatal care includes advice about your pregnancy and sets down a plan of care developed just for you. This plan covers health care visits, exercise, diet, and the special things you should do to assure a healthy baby and a comfortable pregnancy.

Even if this is not your first baby, remember that every pregnancy is different. Visit your doctor or clinic early in the pregnancy and always return for your scheduled visits. Early care is the best way to discover and treat potential problems.

The Health Care Providers

Selecting the person or clinic to provide your health care is the first important step. There are many kinds of health professionals who are qualified to care for you during your pregnancy, labor and delivery, and the period after the birth.

The obstetrician-gynecologist (OB-GYN) is a medical doctor who is specially trained to provide medical and surgical care to women. Specialists who provide mainly pregnancy care are obstetricians, while those who provide mainly female reproductive system care are gynecologists.

Perinatologists are obstetricians who specialize in the care of women who may face special problems during pregnancy. These include girls under 18 years old and women over 35; women with such conditions as diabetes, hypertension, and sexually transmitted diseases; women with genetic (inherited) problems; and women who have a history of problem pregnancies.

The family practitioner (FP) is a medical doctor who specializes in the health care of all family members. Family practitioners are prepared to provide normal obstetric and gynecologic care, but will refer complicated problems to an obstetrician-gynecologist.

The general practitioner (GP) is a medical doctor who treats a wide variety of health problems. Some general practitioners provide obstetric and gynecologic care.

The certified nurse-midwife (CNM) is a registered nurse with specialized preparation to provide health care to normal women and their babies from early pregnancy through labor, delivery, and the period after birth. In some States, nurse-midwives practice independently; in many States nurse-midwives must practice in association with a doctor. All refer patients to a doctor if complications occur.

The people at your clinic, hospital, health department, medical society, or prepared childbirth association can give you a list of doctors and nurse-midwives.

In choosing your doctor, nurse-midwife, or clinic, there are several things you should consider:

- Their attitudes on issues you feel strongly about, such as prepared childbirth, breast feeding, the father's presence or participation in the delivery, rooming-in, and prenatal classes.
- Their reputation with other patients and physicians.
- Their office hours and location of the office and the hospital.
- Their fees.
- Your feelings of well-being during your first few visits.

Your First Visit

Your first visit will probably take more time than later appointments. In addition to a physical examination, you will need to give information about yourself and your pregnancy.

First there will be questions about you:

- About your previous pregnancies, miscarriages, or abortions
- About your periods—when they started, what they are like
- About your medical history—illnesses you have had, illnesses the father has had, illnesses in members of either family
- About your diet and lifestyle

Then there will be a physical examination. This will include:

- The measurement of your height and weight and blood pressure
- An examination of your eyes, ears, nose, throat, and teeth
- An examination of your heart, lungs, breasts, and abdomen
- An internal examination (pelvic examination) of the growth of your uterus and the amount of room in your pelvis for the baby

In addition, several laboratory tests will be performed:

- A Pap smear to detect any signs of cervical cancer
- A pregnancy test (even if you have done a test with a home urine kit)
- A culture of the cervix to check for gonorrhea
- Blood tests

  to see if you are anemic

  to learn your blood type and Rh factor (see p. 53)

  to check for syphilis

  to check if you have had rubella (German measles)
- Urine tests

  for diabetes

  for kidney function and toxemia

  to check for the possibility of infection

It is very important that you ask the doctor or nurse any questions you have about your pregnancy, your general health, or your examination and tests. If you don't ask, they may assume you understand. Remember, there is no such thing as a foolish question.

Tell your doctor if you have any physical problems, if you are under stress, or if you have any other special concerns. It is important for your doctor to understand how your pregnancy is affecting you and your family. In some instances the doctor or nurse may refer you to someone else for help with certain problems.

Later Visits
Usually you will return about once a month during the first 6 months of your pregnancy. During the 7th and 8th months, you will make visits every 2 weeks, and after that, every week until delivery. During these visits, your weight, blood pressure, and urine will be checked. Your abdomen may be measured to see how the baby is growing. These examinations help insure that your pregnancy is progressing normally. Internal (pelvic) examinations and blood tests are not performed on every routine visit. If you have questions or concerns between visits write them down and bring them to your next appointment.

Remember, it's important for your doctor to know about any medical problems you or your family may have had, particularly such chronic conditions as diabetes, kidney disorders, thyroid problems, heart conditions, and respiratory illnesses. Once the doctor knows about them, the necessary steps can be taken to reduce any risk to you or to the baby.

Special Tests
Sometimes your doctor may want to check on the baby's progress by using one of the following procedures. These are not routine procedures, but they involve very little risk to the mother or child. Ask your doctor to explain the risks and benefits before you decide to have them.

Amniocentesis—This test involves placing a needle through the mother's abdomen and withdrawing a small amount of the fluid that surrounds the baby. Checking this fluid enables the doctor to identify certain problems that could affect your baby's health.

Ultrasonography—In this test, an instrument is passed over the surface of your abdomen to build a picture (sonogram) of the unborn child. The sonogram enables the doctor to determine the position and size of the baby, to estimate the due date, and to spot some abnormalities.

When Is the Baby Due?
The baby's due date is figured from the *beginning* of your last menstrual period. Count ahead 9 months and add 7 days. For

example, if the first day of your last period was July 15, count ahead 9 months, which brings you to April 15. Now add 7 days which is April 22. April 22, then, is your expected date of delivery. Remember, however, this is only a good guess. While most women deliver within 2 weeks of the due date, some women vary even more.

As you come closer to your delivery, your doctor probably will be able to be more exact about the date. Special tests, internal examinations, and the time when the baby's heartbeat is first heard help your doctor determine when the baby is due.

Development of the Baby

Your baby starts out as a fertilized egg, no bigger than the period at the end of this sentence. The baby will change and grow almost every single day and your body will change and grow too. It will take 280 days or 40 weeks before the baby is fully developed and is ready to live outside your uterus (womb). This is about 9⅓ calendar months. Pregnancy is often divided into three periods called trimesters. Each is about 3 months long.

The First Trimester

During the first trimester, you may find it difficult to believe you are pregnant. You may experience few signs of pregnancy and gain only 3 to 4 pounds. Yet, the first 3 months of pregnancy are critical to your baby's health. During this time the baby will grow to 3 inches long and will have developed all of the major organs. Untreated illness or disease, radiation, or the use of tobacco, drugs, or alcohol during this time may harm your baby for life. Make sure you eat well, rest, and don't take any medication that has not been prescribed by your doctor. Tell any doctor, nurse, or dentist you visit that you are pregnant. Prenatal care, good nutrition, and adequate rest should be started immediately.

Your First Month. For the first 6 weeks, the baby is called an embryo. The heart, lungs, and brain are beginning to develop and the tiny heart will beat by the 25th day. The embryo is enclosed in a sac of fluid to protect it from bumps and pressure. The baby will grow in this sac until birth.

Your baby's umbilical cord is also developing. The cord is made up of blood vessels which carry nourishment from your body to feed the baby and carry away the baby's wastes.

During this time you may not notice a weight gain, but your breasts may be larger and may feel tender. You may also have some "morning sickness" or nausea.

Consumption of alcohol and smoking of cigarettes should be stopped as soon as you think you might be pregnant. Take only those drugs prescribed by a physician who knows you are pregnant.

You should schedule your first prenatal exam.

Your Second Month. During this month the embryo becomes a fetus, which means "young one." Arms with tiny hands and fingers and legs with the beginnings of knees, ankles, and toes are starting to form. Organs such as the stomach and liver have also begun to develop. The head now seems very large compared to the rest of the body because the brain is growing so fast. Tiny ears and the beginnings of hair are forming on the head. You still may not have a weight gain, but may tire more easily and need to urinate more frequently. Also, you still may be experiencing some nausea.

It is very important to eat the right foods, because you and your baby are changing and growing every day and you both need proper nourishment.

Fetal development at 7 weeks

Your Third Month. Your baby is now about 3 inches long, weighs about 1 ounce, and signs of the baby's sex are beginning to appear. Finger and toe nails are developing. The mouth opens and closes and the baby is now starting to move the hands, legs, and head. At this point, though, you will not feel this movement.

You may have gained about 3 to 4 pounds and your clothes will begin to feel a little tight. You may also feel warmer than usual.

Fetal development at 10 weeks

The Second Trimester

The second trimeter begins with your 15th week of pregnancy. Many of the minor discomforts of the first trimester will disappear and you will begin to feel especially good. You can feel the baby move and you will start to look pregnant. Your baby starts to gain weight and is clearly a boy or a girl. Good nutrition will help you and your baby gain at the right rate. Your doctor will now begin listening to your abdomen for your baby's heartbeat with a special instrument called a fetoscope.

Your Fourth Month. Your baby, now weighing about 6 ounces, is growing very fast and is about 8 to 10 inches long by the end of this month. The umbilical cord continues to grow and thicken in order to carry enough blood and nourishment.

During the fourth month you will gain 3 to 4 pounds and start to "show." Maternity clothes and a maternity bra may now be more comfortable. You may start to feel a slight sensation of movement in your lower abdomen. This feeling is like "bubbles" or fluttering. When you first feel this movement, called "quickening," write down the date. This date will help the doctor determine when your baby is due.

Your Fifth Month. By the end of this month, your baby will weigh about 1 pound and be about 12 inches long. The doctor will now be able to hear the baby's heartbeat and you will begin to feel more definite movements.

This month you may gain 3 or 4 pounds and begin to breathe deeper and more frequently. The area around your nipples may look darker and wider as your breasts prepare to make milk.

Your Sixth Month. You are now carrying a fully formed miniature baby except that the skin is wrinkled and red and there is practically no fat under the skin. The baby still needs to grow, being now only about 14 inches long and weighing only about 1½ pounds. The baby cries and sucks on the thumb and you regularly feel the baby's movement.

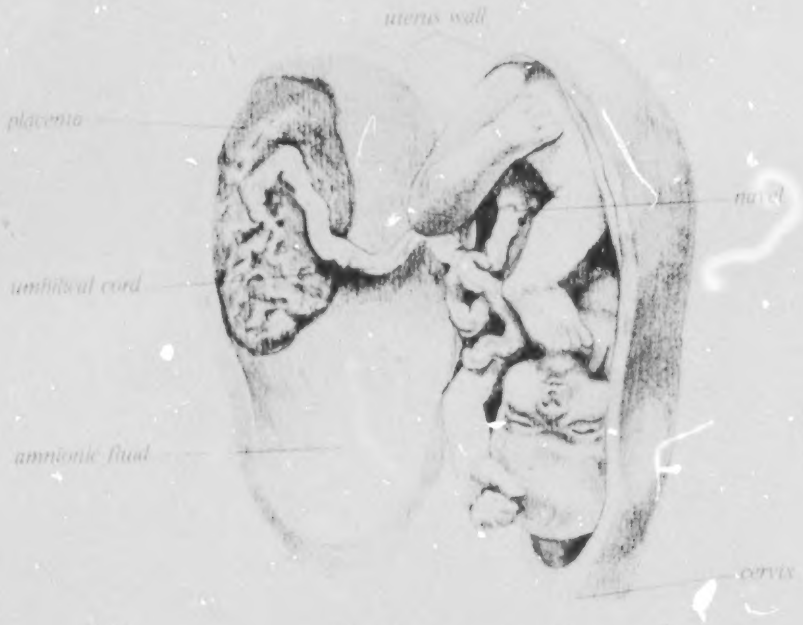
You may gain 3 or 4 more pounds. You may experience some backache, but wearing low heeled shoes will give you a better sense of balance and comfort.

The Third Trimester

You have now completed 24 weeks of pregnancy. During these last 3 months, your baby will continue to grow and gain weight. As the baby grows larger, you may experience some discomfort from the pressure on your stomach or bladder. You will feel the baby's stronger and more frequent movements. Now is the time to start preparing yourself and your home for the baby's arrival.

Your Seventh Month. Your baby is now about 15 inches long and weighs about 2 to 2½ pounds. The baby exercises by kicking and stretching, and changing position from side to side. You might even be able to see the movement when one of the tiny heels pokes you.

You may gain another 3 or 4 pounds this month, and may also notice some slight swelling in your ankles. A slight amount of swelling is normal. You may feel better if you lie down or prop your feet up during the day.



Fetal development at 7 months

Your Eighth Month. Your baby has grown to about 16 inches long and weighs about 4 pounds. The eyes are open and the baby changes position in the uterus. This position is maintained until the baby is born. During this month, you may gain 3 to 5 pounds. Continue your daily activities, with rest periods, but stop doing any heavy lifting or work that causes strain.

Your Ninth Month. At 36 weeks your baby is about 19 inches long and weighs about 6 pounds. The baby's weight gain is about ½ pound per week. At 40 weeks, the baby is "full-term" and weighs from 6 to 9 pounds. Your baby settles further down into your pelvis and people will say that your baby has "dropped." You may feel more comfortable and your breathing will be easier, although you may need to urinate more frequently. You will be visiting your doctor every week until your baby is born.

Fully developed fetus

Weight Gain

During your pregnancy you should gain about 25 pounds, although the acceptable weight gain ranges from 20 to 30 pounds, depending upon the individual. You can expect to gain about 3 pounds during the first 3 months (first trimester), and about 3 to 4 pounds per month during the rest of the pregnancy. This weight gain enables your body to nourish the developing baby. As this chart shows, your baby is only part of the weight you gain.

Where Your Weight Gain Goes	Approximate Weight Pounds
The baby	7–8
Placenta (the tissue connecting mother and baby that brings nourishment and takes away waste)	1½
Amniotic fluid (the fluid that surrounds and protects the baby inside the uterus)	2
Uterus (womb)	2
Breasts (breasts enlarge whether or not you will breast feed your baby)	1–1½
Blood	3–4
Fluid (retained in body tissues)	2–3
Maternal stores (fat, protein, and other nutrients)	3½–6
	22–28

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Gaining an adequate amount of weight during pregnancy helps to insure an adequate birth weight for the baby. An infant whose birth weight is 7 to 8 pounds is generally much healthier than one whose weight is 5½ pounds or less.

Because your baby's birth weight is affected by the amount of weight you gain, you should never try to lose weight during your pregnancy. Get advice from your doctor or nurse if you have questions about how much you should gain.

With proper eating and exercise most women return to their prepregnancy weight within 3 to 6 months after delivery. If you breast feed your baby, you will usually lose weight more quickly.

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Pregnant Lifestyle

Pregnancy is a perfectly natural state and should be a happy, healthy, and exciting period in your life. But it does represent a major change, and you have to adapt your lifestyle to meet the needs of the baby developing inside you.

This section discusses some of the things you can do to take care of yourself and your baby. It includes things like exercise, rest, personal hygiene, clothing, sexual relations, work, and travel. Some will require an extra effort on your part, but they are all designed to improve your chances of having a healthy baby.

Your baby is completely dependent on you for everything, so your diet must include foods that supply what your baby needs to build a healthy body. But remember, just as your baby gets its food from you,

- if you smoke—so does your baby
- if you drink alcoholic beverages—so does your baby
- if you use drugs or medicines—so does your baby

All these things can harm your developing baby and may cause health and developmental problems later. If you do any of these potentially harmful things, this is a good time to "kick the habit." Talk to your doctor or someone at the clinic; they will be able to advise and help you.

Exercise

Exercise is very important to you and your baby. If you stay active you will feel better. Outdoor exercise and recreation give you a chance to get sunshine and fresh air. Walking is particularly good because it strengthens some of the muscles you will use in labor.

If you normally are active in sports, continue to enjoy them. However, it's wise to stop when you get tired. Also, try team activities instead of individual games, and avoid strenuous workouts. Do things with your friends and family—swim in a pool, dance, go on a picnic, and participate in light sports that pose no danger of falling or being bumped. If you are thinking of trying a new sport or exercise, or have been using a specific exercise routine, talk it over with your doctor or someone at the clinic.

Avoid lifting heavy objects and moving furniture while you are pregnant. Stretching will not harm you or your baby, but don't reach for things from a chair or ladder because you might lose your balance and fall. During the latter part of your pregnancy, you will probably begin to feel awkward because your balance is affected by your increasing size. At this point you may want to substitute walking for more active sports.

Here are some exercises that are useful for strengthening muscles used in labor and delivery. They are quite simple to do and can be practiced whenever you have an opportunity to sit for a few minutes.

Tailor Sitting

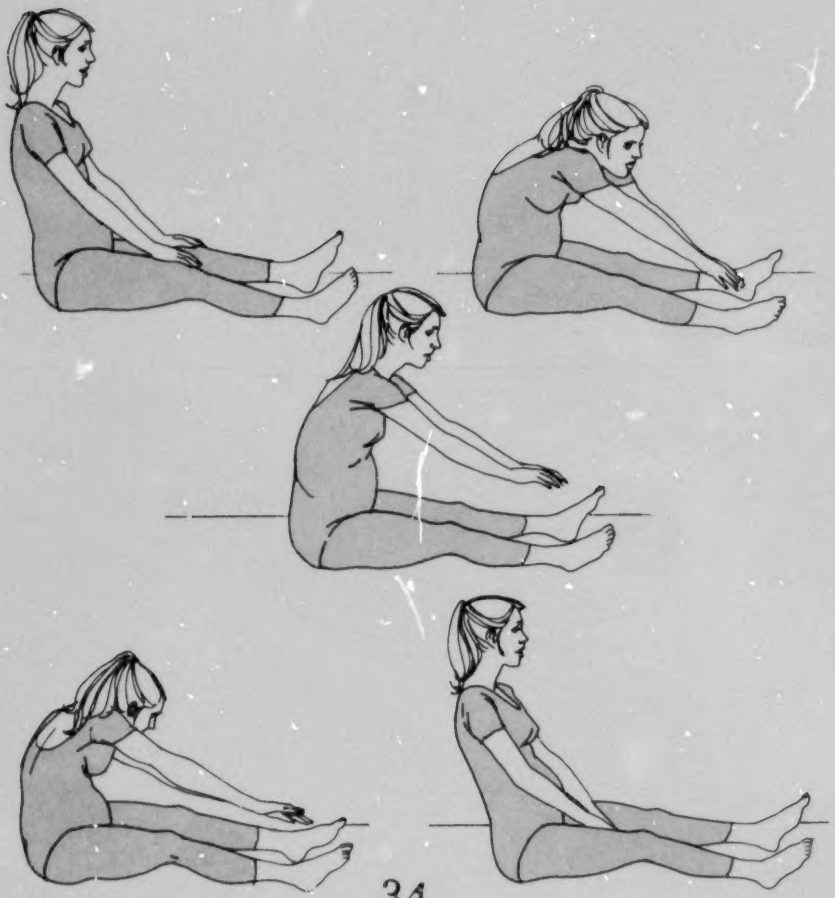
While seated on the floor, bring your feet close to your body, and cross your ankles. Maintain this position as long as it is comfortable to do so.

Tailor Press

While seated on the floor, bring the soles of your feet together as close to your body as is comfortable. Place your hands under your knees and press down with your knees while resisting the pressure with your hands. Count slowly to three, then relax. Gradually increase the number of presses until you are doing them ten times, twice each day.

Tailor Stretch

While seated on the floor and keeping your back straight, stretch your legs in front of you with your feet about a foot apart. Allow your feet to flop outward. Stretch your hands forward toward your left foot, then back; toward the center, then back; toward the right foot, then back. Gradually increase the sets of stretches until you are doing ten of them twice a day.



Kegel Exercise

This is sometimes called the Pelvic Floor Exercise because it is designed to strengthen the muscles in your pelvis. After you have practiced it, you will be able to relax your pelvic muscles for delivery. First, sit down. Then contract the lowest muscles of the pelvis as tightly as you can. Tighten muscles higher in the pelvis until you are contracting the muscles at the top. Counting slowly to 10 helps, tightening additional muscles at each number. Release slowly, as you count back from 10 to 1. You are developing control of the muscles so that you can stop at any point.

These muscles are the same ones you use to stop the flow of urine. To see if you are doing the Kegel exercise correctly, try stopping the flow of urine while you are urinating. Practice the exercise for several minutes two or three times a day.

An alternate method of doing the Kegel exercise is to tighten first the pelvic muscles then the anal muscle. Hold a few seconds, then release slowly in a reverse order.

Breathing Techniques

There are breathing techniques that you can practice while you are pregnant to help you relax during labor. They also help reduce muscle tension that works against the contractions and causes pain. If you are able to relax, you will be able to use the rest periods between labor contractions to reduce fatigue and build up your energy.

Relaxation. Lie down with your knees bent and feet on the floor. Breathe in once as deeply as possible, then hiss or blow the air out slowly through your mouth. Let yourself completely relax.

Practice Contraction. Pretend that you are having a contraction that lasts about 30 to 45 seconds. At the beginning of the contraction, take a complete breath and blow it out. Then breathe deeply, slowly, and rhythmically through the remainder of the practice contraction. Have your partner or coach go through this technique with you.

Abdominal Breathing. This exercise helps keep the abdominal wall relaxed and keeps the uterus from pressing against the lining of the

abdomen. Lie down and place your hands on your abdomen. Breathe in slowly and fully, allowing your abdominal wall to rise gently. Hold this position for four to six heartbeats. Breathe out slowly and smoothly through the mouth, allowing your abdomen to fall. Relax. Repeat four or five times.

You can learn about other breathing techniques in prenatal classes or from your doctor.

Rest is just as important as exercise during pregnancy. Be sure to get plenty of sleep at night. Most pregnant women need about 8 hours of sleep but your needs may be different. You may also need to rest during the day.

There are some things you can do to keep from getting too tired. If your work requires you to be on your feet most of the day, try to sit down, put your feet up, and close your eyes whenever it is convenient. But if you spend most of your time sitting, get up and walk around for a few minutes every hour. When you are at home, take a nap during the day, especially if you have children who take naps. Plan a short rest period and really relax about the same time every day. When resting, you may find it more comfortable to use an extra pillow as shown in the illustration.

Try to find easier ways to do things. And ask other members of the family to share the workload. Perhaps someone else can help with the grocery shopping, laundry, and housework.

You should also know the best way to get out of bed:

a. Turn onto your side.

b. While bending your knees, use your arms to raise yourself up.

c. Lower your feet to the floor.

d. Sit upright for a few moments and hold onto the side of the bed.

e. Lean forward.

f. Use the muscles in your legs to rise.

Bathing

During pregnancy you will probably perspire more and have a slight vaginal discharge because your body is going through many hormonal changes. Your usual daily bathing or showering will not only refresh and relax you, but also help prevent infection. Special creams are available to soothe and soften dry, scaly skin should it occur. Never douche during pregnancy unless your doctor specifically tells you to.

It is always a good idea to put a rubber mat in the tub or shower to prevent slipping. Keep the water temperature warm but not hot, particularly in early and late pregnancy because hot water may make you feel dizzy or light-headed. Tub baths may become more difficult near the end of pregnancy when your center of balance shifts. You may want to switch to showers or have someone help you in and out of the tub.

Breast Care

Wearing a bra that provides firm support during your pregnancy may make your breasts more comfortable. About the third or fourth month, you may need to get a larger bra (such as a maternity bra) that fits well without pressing, binding, or rubbing against your nipples. If your breasts are large, you may be more comfortable wearing a bra at night as well as during the day.

About the middle of pregnancy, your nipples may drip a small amount of clear or yellowish fluid called colostrum. This is a sign that your body is preparing for breast feeding. Colostrum can dry into a crust around your nipples and should be washed off with only warm water since soap and alcohol dry out the skin and make your breasts sore. If colostrum leakage is a problem, wear a cotton or absorbent pad in your bra. To avoid irritation or infection, the pad should be replaced when wet.

Preparing to Breast Feed

If you plan to breast feed your baby, start to prepare your breasts during the seventh or eighth month. Your doctor or nurse may suggest some exercises to do every day. They may include the following:

- Rubbing your nipples gently with a towel.

- Gently rolling each nipple between your thumb and finger four or five times.
- Gently stretching each nipple to the side.
- Massaging your breasts.
- Exposing your breasts to sunlight and air.
- Letting your breasts rub against your clothing several times each day.

Care of Teeth

Oral health is an important part of your total health and physical well-being. As early as possible in your pregnancy, see your dentist to be checked for tooth decay, gum disease, and other dental problems and get the necessary treatment. Because you require special care and attention at this time be sure to tell your dentist that you are pregnant—or suspect that you might be pregnant. Discuss with your dentist the use of local X-rays, anesthetic agents, pain medications, and other drugs. Your dentist is trained to weigh the benefits and risks of your particular situation and recommend alternative procedures and treatments.

Brush and floss your teeth at least once a day. This disrupts plaque and bacteria that cause tooth decay and also will help you maintain healthy gums.

An early dental examination followed by necessary treatment, good oral hygiene practices, and a well-balanced diet will help you maintain bright and healthy teeth. A well-balanced diet will insure that your baby develops and cuts healthy, sound teeth.

Avoid sweets such as caramels, hard candies, sticky foods, and soft drinks. If you have some of these occasionally, eat or drink them at one time instead of several times throughout the day—and then brush your teeth or at least rinse with water. Sugar build-up in your mouth, even for a few hours, can contribute to tooth decay.

Clothing

During the fourth month of pregnancy you may notice your clothes are tight and your bras are uncomfortable. Maternity clothes are not really necessary at this time, but loose clothing may be more comfortable. Some women feel much warmer during pregnancy

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and find lighter weight fabrics are more pleasant. Avoid tight belts, bras, girdles, slacks, garters, and knee socks. Clothes that cut circulation around the legs lead to varicose or enlarged veins.

A bra that fits and provides good support to your breasts is important. If you plan to breast feed your baby, it may be more economical to buy a nursing bra to wear during pregnancy, too. Nursing bras are designed with flaps that unhook to allow easy access for breast feeding.

Your shoes should have a medium or low heel and provide firm support. Wearing high heels may result in an accident or an aching back.

Sexual Relations

For the healthy woman, there are few restrictions on sexual intercourse during pregnancy. However, it is perfectly normal for your feelings about sex to change during this time. You may go through temporary periods when your desire for sexual intercourse increases or decreases. As the pregnancy progresses and your abdomen becomes large, intercourse may be uncomfortable and you and your partner may want to experiment with more comfortable positions.

Usually there is no problem with having intercourse into the ninth month, but it's best to discuss this with your doctor. There may be times when your doctor suggests that you do not have intercourse because it might interfere with the normal course of your pregnancy. Intercourse is likely to be restricted in early pregnancy if you have had a history of miscarriages, or later if you have had premature births.

See your doctor as soon as possible if intercourse is painful, if you have bleeding or infection, or if your water breaks prematurely. When any of these signs occur, discontinue intercourse.

Work

More women than ever are continuing to work during pregnancy. It is best to discuss this matter with your doctor, however, because each woman should be evaluated individually. If your pregnancy is complicated by medical, obstetrical, or other problems, you and your doctor must decide how long it is advisable for you to continue working. In general, a normal, healthy woman who has no

complications may work throughout pregnancy if her job presents no greater potential hazards than those she faces in normal daily life. Special consideration should be given to occupational hazards such as heavy lifting, moving, other strenuous physical activities, or exposure to chemicals (gases, dusts, fumes), radiation, and infections. Tell your supervisor and the nurse or doctor at your place of work as soon as you know you are pregnant. You may need to be reassigned temporarily to another type of work that does not pose any danger to your pregnancy. It is even better to discuss the problem of occupational hazards when planning your baby. It is also important that you discuss any occupational hazards with the doctor or nurse who sees you for your prenatal care.

Travel

Traveling during your pregnancy is fine. Airplane, train, and bus travel are less tiring for long distances because you can get up and move around. When you travel in a car, it is very important to wear both a shoulder harness and a lap belt to protect you and the baby in case of an accident. Just fasten the belt as low as possible below the baby.

Sitting for long periods of time may cause leg cramps, discomfort, and tiredness, particularly late in the pregnancy. To keep from getting too tired during a car trip, stop about every 2 hours to stretch, walk about, and go to the bathroom.

Late in your pregnancy, it is a good idea to avoid long trips. By staying close to home, your baby can be born where you planned and where your medical history is known. If you must travel at this time, ask your doctor to refer you to a doctor in the area you will be visiting and ask for a copy of your medical chart to take with you.

Smoking

Not smoking is one of the best gifts you can give your unborn child. Women who do not smoke are more likely to deliver a healthy baby of normal birth weight than women who do smoke. Smoking cigarettes during pregnancy is directly associated with low birth weight, premature births, miscarriage, and other complications.

While there are no safe levels of smoking, the fewer cigarettes the better. The risk of delivering a low birth weight baby may be reduced if a woman gives up smoking before the fourth month of

pregnancy. Smoking during the time of breast feeding is also not advisable since the nicotine will be passed on to the baby through your breast milk.

Babies born to mothers who smoked while pregnant and after delivery have a higher incidence of sudden infant death syndrome (crib death).

Children whose mothers smoked during pregnancy are more susceptible to respiratory problems in early childhood and may be slightly behind their age group in physical growth. If either parent continues to smoke after the baby is born, the child may have a greater risk of developing bronchitis or pneumonia.

Alcohol

Alcohol in any form can be harmful to a developing baby. The Surgeon General of the United States has recommended that all women of childbearing age take the following precautions:

- Do not drink alcoholic beverages when you are pregnant or are considering pregnancy. In the crucial early period of a baby's development—often before pregnancy is recognized—maternal consumption of alcohol increases the risk of abnormalities.
- Be aware of the alcoholic content of food and drugs.

Researchers have found increased miscarriages and decreased birth weight associated with consumption of even *1 ounce or less* of absolute (pure) alcohol per day. This is the amount of alcohol found in 2 standard drinks. Women who drink 3 ounces (the amount in 6 standard drinks) or more of absolute alcohol per day are at very high risk of delivering a child with fetal alcohol syndrome (FAS).

Babies affected with FAS have severe physical and mental problems, including life-long mental retardation, slow growth and development, small heads, and abnormal eye features.

One typical drink contains ½ ounce of absolute alcohol which is found in any of the following:

- A 1½ ounce shot of liquor—(80 proof whiskey or vodka containing 40 percent alcohol)
- A 3 ounce glass of fortified wine (sweet sherry, port, etc., containing up to 20 percent alcohol)

- A 5 ounce glass of table wine (dry chablis, rosé, burgundy, etc., containing up to 12 percent alcohol)
- A can or bottle of beer (12 ounces of 4½ percent alcohol)

You should also be aware that many cough medicines and nighttime cold remedies contain large amounts of alcohol. FAS can be entirely prevented if a pregnant women does not take alcohol—in the form of alcoholic beverages or an unprescribed medicine.

The alcohol in beverages such as wine, beer, and liquor is a rich source of calories, but these calories do not contribute to good nutrition. Alcohol can depress your appetite, causing you to replace nutritious food in your diet with empty calories.

Caution should be exercised even after your baby is born if you plan to breast feed. Alcohol passes to your baby through your breast milk in the same concentration as it is in your blood.

Medicines and Drugs

You should take only those medicines prescribed by your doctor. This is particularly important during the first 12 weeks of pregnancy. Medicines have different effects, some major, some minor, so be careful even if you think you might be pregnant.

Make a list of *all* the medicines and drugs you are taking—prescription drugs, over-the-counter drugs, street drugs. Show it to your doctor on your first prenatal visit. Your doctor will determine whether you can continue taking these medications or whether you will need substitutes. Over-the-counter medicines, cold remedies, laxatives, nose sprays, aspirin, and aspirin substitutes should only be used under a doctor's supervision.

Remember, *whatever you take affects your baby.* This includes tranquilizers, sleeping pills, barbiturates (downers), amphetamines (uppers), cocaine, narcotics, marijuana, hallucinogens, or other products. If you are using *any* of these substances, tell your doctor so you can get help. Babies can be born addicted to drugs. If the doctor does not know that the baby is going through a withdrawal period, the condition can be very serious or even fatal.

Caffeine

There are differences of opinion about the dangers of caffeine during pregnancy. Nevertheless, it's a good idea to use as little as possible at this time. Many soft drinks, coffee, tea, cocoa, and chocolate contain caffeine. You can find out if a food or drink contains caffeine by checking the label or bottle cap. Ask your druggist or doctor if there is caffeine in any over-the-counter or prescription drug you are taking. Choose milk and fruit juices as beverages and caffeine-free (decaffeinated) coffee, tea, or soft drinks. If you are still getting a lot of caffeine (over six cups of coffee daily) ask about other ways to eliminate it from your diet.

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Nutrition

Food plays an important part all through life in promoting a healthier you. But when you are pregnant, nutrition has an even greater importance to your health and your baby's health. Eating wisely means choosing foods that give you and your baby the protein, vitamins, minerals, and other essential nutrients you both need. Adequate amounts of calories and essential nutrients are necessary for growth of the baby, beginning the moment you become pregnant. Your body must increase blood, fluids, and tissue to develop your uterus and to prepare your breasts for breast feeding.

Protein, carbohydrate, fat, minerals, vitamins, water, and fiber are needed in the diet each day. The suggested food plan in this section was developed especially for pregnant women. It suggests the number of servings you should eat from the five food groups to obtain the essential nutrients you need.

The Five Food Groups	Suggested Number of Servings
• Fruits and vegetables	4 or more
• Milk and milk products	4
• Meat, fish, poultry, eggs, dried beans and peas, nuts	3 or more
• Whole grain or enriched breads and cereals	4 or more
• Fats and sweets	Vary according to calories needed

During the last 2 to 3 months of pregnancy you will probably be more comfortable if you do not eat large amounts at any one time. Try eating smaller meals and save some food to snack on a couple of hours later. Raw vegetables and fruits, juices, milk, breads, and cereals also make good between-meals snacks.

Fruits and Vegetables

Choose four or more servings every day. Fruits and vegetables contain vitamins, minerals, and fiber, a natural laxative. The dark green leafy vegetables and deep yellow vegetables are rich in

vitamin A. The dark green leafy vegetables are also valuable for iron, vitamin C, magnesium, folacin, and riboflavin. Oranges, grapefruit, tomatoes, melons, strawberries, and some tropical fruits such as mangoes and papaya are rich sources of vitamin C.

A serving is about one-half cup of fruit or vegetable or one-half cup of juice.

Eat at least one serving of a good source of vitamin A every other day

- Apricots
- Broccoli
- Cantaloupe
- Carrots
- Dark green leafy vegetables—beet greens, chard, collards, kale, mustard greens, spinach, turnip greens
- Pumpkin
- Sweet potatoes
- Winter squash

Eat at least one serving of a good source of vitamin C every day

- Broccoli
- Brussel sprouts
- Cantaloupe
- Cauliflower
- Green or sweet red pepper
- Grapefruit or grapefruit juice
- Orange or orange juice
- Tomatoes
- Dark green leafy vegetables—chard, collards, kale, mustard greens, spinach, turnip greens
- Cabbage
- Strawberries
- Watermelon

Select two servings of other vegetables and fruit every day

- Beets
- Corn
- Eggplant
- Green and wax beans
- Lettuce
- Peas
- Potatoes
- Squash
- Apples
- Bananas
- Cherries
- Grapes
- Pears
- Pineapple
- Plums

Milk and Milk Products
You need four 8-ounce glasses of milk or milk products daily to give you and your baby the calcium and other nutrients needed for strong bones and teeth. Choose milks that have vitamin D added. You may select whole milk, buttermilk, lowfat milk, or dry or fluid skim milk. Low fat milk and skim milk have fewer calories than whole milk. Milk or cheese used in making soup, pudding, sauces, and other foods count toward the total amount of milk you use.

These amounts equal the calcium in one 8-ounce glass of milk:

- 1 cup liquid skim milk, low fat milk, or buttermilk;
- ½ cup evaporated milk (undiluted);
- 2 one-inch cubes or 2 slices cheese;
- ⅓ cup instant powdered milk;
- 1 cup plain yogurt, custard, or milk pudding.

These amounts equal the calcium in ⅓ cup of milk:

- ⅔ cup cottage cheese;
- ½ cup ice cream.

If you do not like or cannot drink milk, discuss this problem with your doctor or someone at the clinic.

Meat, Fish, Poultry, Eggs, Dried Beans and Peas, Nuts
Meat, fish, poultry, eggs, dried beans and peas, seeds, nuts, and peanut butter supply protein as well as vitamins and minerals. Protein is needed to help build new tissues for you and your baby, and to maintain the health of body cells. Three servings of these foods daily will supply you with enough protein during pregnancy. When you use dried beans or dried peas or cereals as main dishes, combine them with a small amount of cheese, milk, or meat to increase the protein value of the meal. Some examples include chile con carne, blackeyed peas and ham, chicken and rice, pizza, macaroni and cheese, and spaghetti and meatballs. Also, by combining grains and beans and nuts, you will increase the amounts of protein your body can use. Some examples would be beans and rice or peanut butter on whole wheat bread.

Count as One Serving:

2 or 3 ounces lean meat. (Remove the extra fat when possible).
Some examples: 1 hamburger, 2 thin slices of beef, pork, lamb or veal, 1 lean pork chop, 2 slices luncheon meat, 2 hot dogs.

2 or 3 ounces fish.
Some examples: 1 whole small fish, 1 small fish fillet, ⅓ of a 6½ ounce can of tuna fish or salmon.

2 or 3 ounces chicken, turkey, or other poultry.
Some examples: 2 slices light or dark meat turkey, 1 chicken leg, ½ chicken breast

Count as One-half Serving:

½ to ¾ cup cooked dried beans, peas, or lentils, garbanzos (chick peas)

2 to 3 tablespoons peanut butter

1 or 2 slices cheese

1 egg

1 cup tofu

4 to 6 tablespoons nuts or seeds

Whole Grain or Enriched Breads and Cereals
Breads and cereal foods provide minerals and vitamins, particularly the B vitamins and iron, as well as protein. Whole grain breads and cereals provide essential trace elements such as zinc, and also fiber, a natural laxative. Check the labels on breads and cereals to make sure that they are made with whole wheat or whole grain flour or are enriched with minerals and vitamins.

Eat four or five servings of whole grain or enriched breads, cereals, and cereal products every day.

Count as One Serving:

1 slice bread

1 muffin

1 roll or biscuit

1 tortilla or taco shell

½ to ¾ cup cooked or ready-to-eat cereal, such as oatmeal, farina, grits, raisin bran, shredded wheat

1 cup popcorn (1 ½ tablespoons, unpopped)

½ to ¾ cup noodles, spaghetti, rice, bulgur, macaroni

2 small pancakes

1 section waffle

2 graham crackers or 4 to 6 small crackers

Count as Two Servings:

1 hamburger bun or hot dog roll

1 English muffin

Fats and Sweets

This group of other foods includes margarine, butter, candy, jellies, sugars, syrups, desserts, soft drinks, snack foods, salad dressings, vegetable oils, and other fats used in cooking. Most of these foods are high in fat, sugar, or salt. Use them to meet additional caloric needs after basic nutritional needs have been met. Eating too much fat and too many sweets may crowd out other necessary nutrients.

Vitamin and Mineral Supplements

It is best to get vitamins and minerals from the foods you eat. When you select an adequate diet, you usually won't need other vitamin and mineral supplements. However, iron and folacin are exceptions. Because of increased needs during pregnancy, it is difficult to obtain adequate iron and folacin from food alone. Your doctor may prescribe iron and folacin supplements. Be sure to follow directions in taking the supplements prescribed for you. Remember, these pills do not supply all the essential nutrients such as protein, carbohydrate, fat, and some vitamins and minerals, so eating well is still important.

Salt

In the past it was thought that salt consumption should be restricted during pregnancy. Research has now shown that this is not necessary. A moderate amount of salt (you probably get more than enough in a normal diet) helps to maintain the proper levels of

sodium in your body as the baby develops. Generally, you should use iodized salt both for cooking and at the table. However, you may wish to discuss this further with your doctor or someone at the clinic.

Vegetarian Diets

A vegetarian diet made up of a variety of vegetables, fruits, whole grain breads and cereals, and milk and eggs can be adequate during pregnancy. Dried beans and peas (black, kidney, navy, soy, and others), garbanzos (chick-peas), lentils, seeds, and peanuts are good sources of protein to help replace meat, fish, and poultry. A vegetarian diet without milk and eggs does not provide all the nutrients needed during pregnancy. If you are following a strict vegetarian diet without milk and eggs, be sure to discuss your food plans and your need for a vitamin B_{12} supplement with your doctor or someone at the clinic.

Water and Other Fluids

You need 6 to 8 glasses of water or other liquids each day during your pregnancy. Fruit and vegetable juices and milk, as well as water, count as fluids. Beverages and foods containing caffeine should be used sparingly.

Cravings and Markings

You may have heard pregnant women say that they crave particular foods, such as strawberries, pickles, or ice cream. It's fine to use foods you crave as treats occasionally, but remember—a pregnant woman needs nutrients from different kinds of foods to be a healthy mother and to have a healthy baby. If you like to eat clay, laundry starch, or other things that are not really foods, tell your doctor.

Some people say that eating strawberries can mark your baby. This is simply not true. No food is the cause of a birthmark.

Food Assistance

If you qualify, there are programs in your community that can help you buy the food you need. The WIC program (Supplemental Food Program for Women, Infants and Children) provides selected foods for pregnant or breast feeding mothers and preschool children. The Food Stamp program is another resource which helps to extend food dollars for eligible families. Someone at your clinic or your city or county health department can assist you.

Some Common Discomforts

There are many common discomforts associated with pregnancy. They are generally not serious and there are things you can do to relieve the discomfort. However, should any of these conditions persist you should discuss them with your doctor or someone at the clinic.

Frequent Urination

Increased urination is one of the first signs of pregnancy. The problem decreases after the third month, but it may return during the last month because the baby is pressing against your bladder. Frequent urination is normal during pregnancy and there is nothing much you can do to prevent it. Don't try to hold it in. It will only make you more uncomfortable and it increases the risk of kidney and bladder infection.

If you have a burning or itching sensation when you urinate, tell your doctor. Continue drinking plenty of liquids (preferably water, milk, and fruit juices) throughout your pregnancy.

Nausea and Vomiting

Nausea and vomiting are common complaints during the first month of pregnancy and are usually due to hormonal changes occurring in your body. About half of all pregnant women experience this problem. Nausea may start about the sixth or seventh week, but seldom continues beyond the end of the third month. Although often called morning sickness, nausea and vomiting may occur at any time of the day. If vomiting is severe and you cannot keep fluids down, report it to your doctor. Never take prescription drugs, over-the-counter medicines, or a home remedy unless recommended by your doctor.

You may find some relief by eating dry cereal, a piece of toast, or a cracker about a half hour before getting out of bed in the morning. Move slowly when you get up. Let plenty of fresh air into the house to get rid of cooking and other household odors.

Divide your food into five small meals a day rather than three large ones, since keeping food in your stomach seems to control nausea. Avoid greasy and highly spiced foods or any food that disagrees with you. Drinking liquids between meals instead of with your food may help.

Heartburn

Heartburn has nothing to do with your heart. It is a burning sensation caused by hormonal changes that slow down your digestive system and by the pressure of the growing uterus against your stomach. Food mixed with stomach acid is pushed up from your stomach and causes the burning, especially after meals.

To avoid heartburn, try some of the hints suggested for nausea and vomiting. Eat five times a day and avoid greasy foods and other foods that do not agree with you.

Changing your sleeping position may also help relieve heartburn. Try sleeping with several pillows to raise your head or elevate the head of the bed a few inches.

Do not take baking soda (sodium bicarbonate) to relieve your heartburn. Remember, you should not take any medicines unless your doctor recommends them.

Constipation

Constipation is also due to hormonal changes that tend to relax the muscles of your digestive system. Late in pregnancy, constipation may be caused by the growing uterus pressing on the lower intestine. There are several things you can do to relieve constipation. Drink 6 to 8 glasses of liquids a day. A glass of cold water or juice before breakfast is often effective. Eat foods that provide fiber, such as whole grain cereals and breads, and raw fruits and vegetables. Get some exercise every day and make a habit of going to the bathroom every day at the same time. If you continue to be troubled after trying these things, tell your doctor. Do not take enemas, laxatives, or home remedies unless recommended by your doctor.

Shortness of Breath

As your baby grows larger and takes up more room, you may become short of breath. This problem will go away shortly before your baby is born. Moving more slowly will help conserve your breath.

Varicose Veins

Varicose or enlarged veins usually occur in your lower legs, but may extend into the pelvic area. They are caused by your enlarged

uterus which presses on your abdominal veins and interferes with the return of blood from your legs. Varicose veins usually shrink and disappear during the first few weeks after the baby is born. However, it is wiser to try to avoid varicose veins than cure them.

You can help avoid varicose veins by not wearing tight garters, stockings, or socks. If at all possible, do not stand in one place for long periods of time. If your job requires you to stand, walk around at break time to improve circulation. If you can, sit down and put your feet up occasionally. Jobs in which you sit most of the day often aggravate varicose veins. Do not sit with your legs crossed or with the pressure of a chair under your knees. If traveling by car, take frequent rest stops and walk around. Support hose may also help you prevent varicose veins.

The illustration shows a good position to take if you have varicose veins or swelling in your legs. Lie on a bed, couch, or floor and raise your feet and legs up in the air, resting your heels against the wall. Take this position for 2 to 5 minutes several times a day.

If you have severe varicose veins, you may be advised to wear elastic stockings during the day. Support hose are not as effective as elastic stockings. Put elastic stockings on before you get out of bed in the morning, before your veins become swollen with blood. Take them off just before you go to bed. Wash them in mild soap after every wearing.

If you have varicose veins around your vaginal area, try to take frequent rest periods. Lie down with a pillow under your buttocks. This position elevates your hips and should give you some relief.

Leg Cramps

Leg cramps are more common during the latter months of your pregnancy and are generally due to pressure from the enlarged uterus. They frequently occur in bed. You can often get relief from leg cramps by heat, massage, or stretching the calf muscle. Here are two exercises that may help:

- Begin by standing about 6 inches away from a sturdy chair and holding on to the back of it. Slide the foot of the leg that is cramping as far backward as you can while keeping your heel on the floor. Bend the knee of your other leg as you slide the foot. Hold onto the chair and slide the foot back to the starting position. Repeat.
- If you have someone to help you, lie down on the bed or floor and straighten your cramped leg. Have your helper push down against your knee with one hand and push up against the sole of your foot with the other hand so that your foot is at a right angle to your leg. Release and repeat several times. If cramps continue, tell your doctor.

Vaginal Discharge

During pregnancy, you may have a thick white discharge from the vagina. This is usually nothing to be concerned about. Do not use tampons for the discharge or for any other reasons while you are pregnant.

Occasionally, however, vaginal discharge is a sign of infection. Tell your doctor if you find that the discharge is bloody, yellowish, greenish, or dark, has a bad odor, is heavy and frothy, or causes burning and itching. You can help prevent vaginal infections by

bathing or showering daily, by wearing cotton undergarments, and avoiding tight slacks or pantyhose.

Hemorrhoids

Hemorrhoids are enlarged (varicose) veins of the rectum that often become painful. Again, prevention is important. Try to avoid becoming constipated so you don't need to strain when you have a bowel movement. Sometimes straining may cause hemorrhoids to protrude from your rectum. If this should happen, tell your doctor. The doctor or nurse will show you how to push them back into the rectum.

Lying down on your side with your hips on a pillow will help relieve your hemorrhoids. You may also get relief from an ice bag or from a compress of clean gauze or fabric soaked in cold witch hazel or a solution of Epsom salts. If your hemorrhoids bleed, let your doctor know. Generally, the problem of hemorrhoids is relieved after pregnancy.

Backache

As your pregnancy progresses, your posture changes because your uterus is growing and pulls on your back muscles. Your pelvic joints also loosen. This may cause backache. To help prevent strain, wear low heeled supporting shoes. Your doctor may suggest a maternity girdle that gives support without binding.

Good posture is important in preventing backache. Try not to lift heavy objects, particularly if there is someone around who can lift them for you.

Here are several exercises that should help your back. Ask the nurse or someone at the clinic, to help you do the exercises if you are not sure you are doing them correctly.

This squatting exercise helps avoid backstrain and strengthens muscles you will use in labor. This position is a good one for reaching low drawers or for lifting a child or an object weighing 15 to 30 pounds:

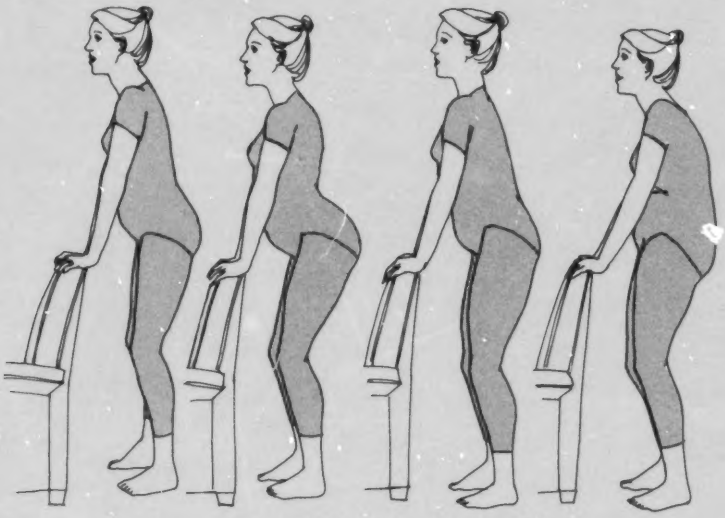
- Holding onto a heavy piece of furniture, squat down on your heels and allow your knees to spread apart. Keep your heels flat

on the floor and your toes straight ahead. You may pick up the object from the floor by squatting, holding the object close to your body, and rising slowly, using your leg muscles.

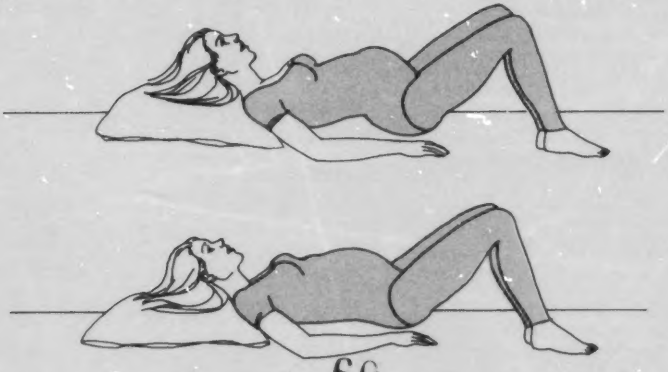
The following exercise, called the "Pelvic Rock," increases the flexibility of your lower back and strengthens your abdominal muscles. It not only relieves backache, but will help improve your posture and appearance. Practice all the versions several times every day. Try walking and standing with your pelvis lifted forward as described below.

- When you practice the pelvic rock standing up, use a sturdy chair. Stand back 2 feet away from the back of the chair and bend slightly forward from your hips. Place your hands on the chair back and keep your elbows straight. Thrust your hips backward and relax your abdominal muscles. You now have a sway back.

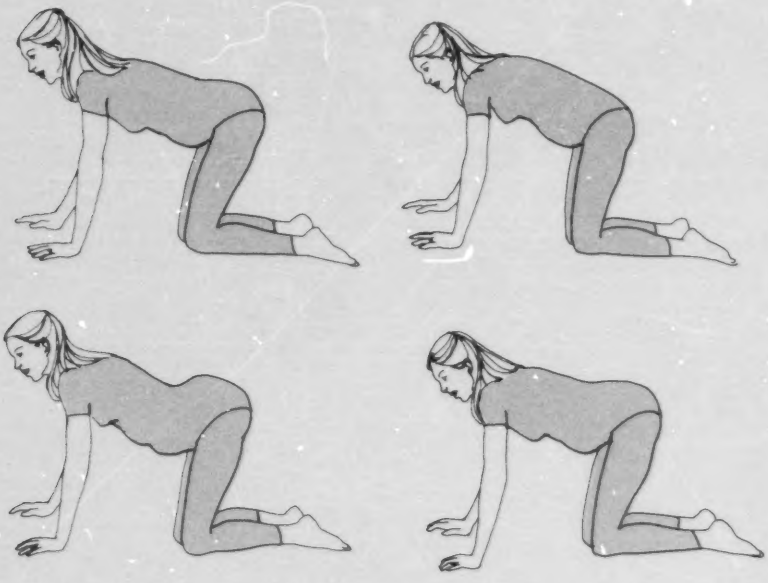
Bend your knees slightly, then slowly pull your hips forward. Tuck your buttocks under as if someone were pushing you from behind. Repeat.



- Also practice the pelvic rock lying on your back with your knees bent and feet flat on the floor. Tighten your lower abdominal muscles and muscles of the buttocks. This elevates your tailbone and presses the small of your back to the floor. Then relax your abdominal and buttock muscles. As you do this, arch your back as high as you can. Rest for a minute, then repeat.



- In the third version of the pelvic rock, get down on all fours with your legs slightly apart and your elbows and back straight. While inhaling, arch your back using the muscles in your lower abdomen. As you exhale, slowly relax, allowing your back to sag. Return to the original position. Then repeat.



If you have a problem or pain doing these exercises, tell your doctor, nurse, or teacher.

Many community agencies, hospitals, and clinics offer special exercise classes for pregnant women. Exercises are also a part of most childbirth preparation classes. Talk to your doctor or nurse about the benefits of such classes and how you can enroll.

Skin Changes
You may notice dark or reddish streaks on your abdomen and breasts due to the stretching of your skin. There is not much you can do about these streaks, but they generally fade after pregnancy. Skin changes do not occur in all women since some have more elastic skin.

Some women develop splotches or brownish spots on the face, but these spots also usually fade or disappear after the birth of the baby.

Aches and Pains in the Lower Abdomen
During your pregnancy you may experience various aches and pains in your abdominal region. Sharp, shooting pains on either side of your abdomen may be due to pressure of the growing uterus on the ligaments which support it. Changing position will often relieve the pain. In the later months of pregnancy you may feel vague pains in the lower abdomen as your pelvic joints loosen to prepare your body for delivery. Other causes of minor pain may be constipation or bladder infection. Let your doctor know if you are uncomfortable or if the pain persists.

Problems of Pregnancy

The vast majority of pregnancies are uncomplicated and end with the birth of a normal, healthy baby. Even when complications do occur, early diagnosis and treatment will often prevent serious problems. Early and regular prenatal care is the best insurance against problems in pregnancy.

Regular care enables the doctor to watch for abnormal changes in blood pressure, blood, urine, or weight. Such changes may be warnings of potential problems. Regular care also helps you learn to recognize the difference between the normal changes your body is going through and those which may represent early warning signs.

It is important that you recognize these early warning signs so that you can notify your doctor or someone at the clinic immediately.

- Bleeding, no matter how slight, from the vagina, rectum, nipple, or lungs (coughing blood)
- Swelling or puffiness of the face or hands
- A sudden large weight gain
- Persistent severe swelling of the legs
- Severe or repeated headaches
- Dimness, blurred vision, flashes of light, or spots before your eyes
- Sharp or prolonged pain in your abdomen
- Severe or continued vomiting
- Chills and/or fever
- Sudden escape of fluid from the vagina

If you notice any of these signs, do not wait for your next checkup. Contact your doctor immediately, so the cause of the problem can be identified and treatment begun.

Following are some of the problems that can occur during pregnancy.

Miscarriage

A miscarriage occurs when the fetus is born before it has developed enough to live outside the mother's body. Early signs of miscarriage

are bleeding and cramps and if you notice bleeding from your vagina, you should call your physician immediately. Save the pads you wear to catch the blood, clots, and tissue, because the doctor will want to inspect them as soon as possible.

In some cases, miscarriage is nature's way of preventing the birth of fetuses that for various reasons could not have survived. Miscarriage can be caused by certain health problems, but usually there is no apparent reason. Usually, such miscarriages cannot be prevented.

Severe Vomiting

Nausea and vomiting affect some women in early pregnancy. However, if vomiting continues or is so severe you cannot keep anything down, it should be reported. You need nourishment and so does your baby. If you keep vomiting, neither of you is getting the foods and liquids you need.

Anemia

The most common form of anemia occurs when your body does not have enough iron to build the extra red blood cells you need while you are pregnant. This form of anemia can usually be prevented by eating foods that are high in iron. Foods high in iron include liver, red meats, dried beans, leafy green vegetables, and iron-fortified cereals.

Many doctors prescribe iron supplements during pregnancy because the need for iron is greater than is usually contained in the average diet. When you are taking an iron supplement your bowel movements will be darker and harder so you should increase the amounts of fluids and roughage in your diet. Be sure to keep iron supplement tablets, like all medicine, in a safe place so children cannot accidentally eat them.

There are other, more serious forms of anemia, and if any of them are found during the early laboratory tests, your pregnancy will be followed more closely. Be sure to tell your doctor if you or any relatives are anemic or have blood diseases.

Bladder and Kidney Infections

The risk of bladder or kidney infection increases during pregnancy due to changes and increased pressure in the urinary tract. Warning

signs include abdominal pain, chills, fever, frequent urination in midpregnancy, burning on urination, and blood in the urine. If you have any of these problems, seek treatment immediately. If you do get a urinary infection it is especially important that you increase the amount of fluid you drink every day.

Toxemia

Toxemia is a serious complication of pregnancy. Although the cause is unknown, it can be successfully treated if diagnosed early. Signs of toxemia include a sudden weight gain, swelling of the feet and hands, severe headaches, dizziness, blurred vision, or spots before the eyes. These may be accompanied by changes in the urine and an increase in blood pressure. Toxemia usually occurs only in the last half of pregnancy.

Notify your doctor at once if you have any of these signs. Untreated toxemia is dangerous to both a pregnant woman and her unborn baby because it sometimes progresses to convulsions. Toxemia can usually be controlled at home if it is found early and the doctor's instructions are followed. However, some women are hospitalized to prevent complications or convulsions.

Rubella

Rubella, or German measles, is usually a mild disease in children and adults. But, if a woman is infected just before or during pregnancy, particularly early pregnancy, rubella can cause heart disease, blindness, hearing loss, and other serious health problems for the baby.

Avoid contact with anyone who has German measles or other infections. If you or someone in your family has been exposed to rubella, tell your doctor at once. The progress of your developing baby will be carefully monitored.

Although a vaccine for rubella is available, it should not be given to a woman who is pregnant or a woman planning to become pregnant within 3 months. Remember, most women are immune and therefore the baby is not at risk.

Rh Factor

As part of your physical examination your blood is checked for a substance called the Rh factor. If your blood contains this factor,

you are Rh positive. If your blood does not contain it you are Rh negative. About 85 percent of white women are Rh positive. The Rh factor is much less common in black and Asian women.

If the mother has the Rh factor, or *both* parents have the Rh factor, or if *neither* parent has the Rh factor, there is no problem. However, if you are Rh negative and the father is Rh positive, there is a possibility that the baby's blood may also be Rh positive, *i.e.*, the opposite of yours. In this case your body manufactures substances called Rh antibodies that will affect your unborn baby's Rh positive blood cells. Antibodies are normally useful because they protect you from many common diseases, but in this case, the antibodies can make your baby anemic and sensitize you for future pregnancies. Fortunately, Rh sensitization does not usually affect the baby in your first pregnancy.

If you are Rh negative and you have not become sensitized to the Rh factor, you should have an injection of Rh immunoglobulin within 72 hours of every delivery, miscarriage, or abortion. This usually protects each baby in future pregnancies. If you know you are Rh negative, be sure to remind your doctor or someone at the clinic.

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections spread by sexual contact. Many people call them venereal diseases or VD. The most serious in pregnancy are gonorrhea, syphilis, and genital herpes. Prompt medical care can protect both you and your baby.

Usually, gonorrhea produces no symptoms at all in women. However, it may cause vaginal discharge or burning on urination. If untreated gonorrhea spreads through the blood to other parts of the body, it poses a real danger for mothers and babies in pregnancy. This form of gonorrhea may cause fever, joint pains, or skin rash.

Gonorrhea may also spread to your baby's eyes during birth. This is why nearly all States require that medicine be put in the eyes of all newborns. All women should be tested for gonorrhea early in their pregnancy. The prompt detection and treatment of gonorrhea will prevent complications for infected mothers and their babies.

Syphilis is a very serious infection that can infect the baby before birth. All mothers receive a blood test for this infection early in their prenatal care. In adults, the infection usually starts as a firm,

reddish sore on the genital area or in the vagina. It does not hurt. Even without treatment, the sore heals and other symptoms such as a skin rash may follow. After several weeks, these signs also disappear with or without treatment. You should tell your doctor about any unusual lumps, sores, or rashes on your body. Unless you are treated with antibiotics, the syphilis germs are still in the body, even though the sores and rashes go away. Infection in the baby is usually prevented when the mother is fully treated in pregnancy.

Herpes, a virus infection that causes painful blisters on the genitals, is becoming more common. Symptoms can be relieved with medicine, but there is no cure. The infection may reappear on its own. If you or your sexual partner have any signs of herpes infection, you should tell your doctor about them, because this disease may influence the way your pregnancy is managed.

Some kinds of vaginitis are acquired sexually but this disease frequently occurs in pregnancy for no apparent reason. These infections usually are not serious, but can be bothersome because they cause pain, itching, and discharge. A pelvic exam is necessary for your doctor to determine the cause of the infection and to select a safe and effective medicine to cure it.

Any time you are exposed to an STD, or think you might have one, it is very important that both you and your partner receive prompt medical attention.

Part II

The Birth

During the last trimester, you should start to make the final preparations for your new baby's arrival. Babies don't need very much—a place to sleep, blankets, and diapers, undershirts, sweaters, and caps for at least the first 6 weeks. You will also need bottles for water, and if you don't plan to breast feed, for formula also.

Your other children, particularly young children, need to be reminded of the coming birth. Young children may worry about mother's absence and older children may be anxious about their place in her affection when the new baby arrives. You may want to spend more time with your children. Explain what will happen when you go to deliver the baby and who will care for them. Assure them of your love, and talk with them about their new role as older brother and sister. Make sure also that they know about arrangements made for their care if you should need to leave for the hospital in the middle of the night or when they are in school.

Look ahead and make arrangements for the days when you bring the baby home. Having to worry about car pools, groceries, laundry, and household chores during your first few weeks at home with a new baby can be stressful. If your partner cannot take time off to help, perhaps a relative or neighbor may be able to take over some of these responsibilities.

Getting Ready

Approximately 2 weeks before your delivery date, pack a bag with the personal things you will want to take with you. You will probably want to include:

Bathrobe
2 Nightgowns (opening in front if you plan to breast feed)
Slippers
2 Bras (nursing bras if you plan to breast feed)
Underpants
Sanitary pad belt
Toothbrush, toothpaste
Comb, brush, curlers
Cosmetics
Books or magazines
Something to wear home (remember to choose something a little loose fitting; you won't quite have your figure back!)

You should also take any prenatal reports or hospitalization papers. Pack the clothes you will want to take the baby home in and tell the person who will be coming to take you home where they are. Depending on the weather, the baby will need a blanket, sweater, or cap. If it is warm weather, all you will need are diapers, safety pins, shirt, and receiving blanket.

Plan on how you will get to the hospital, both during the day and at night. You should have telephone numbers in an obvious and handy place so that you can call your husband, friend, mother, or a taxicab when you are ready to go.

It is usually an exciting time and it is easy to forget phone numbers. Have the doctor's phone number on your list, so that you can call him to either find out if it is time to go to the hospital, or to report that you are going.

During the last month you will also be making final arrangements for the place where you will give birth. Each birth setting is different so you should find out what needs to be done.

The Birth Setting

Today a woman may often choose where she will deliver her baby. Most women prefer to deliver in a hospital. In addition to traditional delivery rooms, many hospitals now offer birth rooms or settings where the family can participate.

A hospital delivery is best if this is your first baby, if you have had any problems with earlier deliveries, if you are having twins or a multiple birth, if you are under 18 or over 35 years of age, or if you expect a breech birth. For women whose doctors expect complications during labor and delivery, a high technology hospital such as a university medical center is best because it has the equipment to identify and handle problems immediately.

For women whose doctors do not expect complications, birth rooms in hospitals—often equipped with a rocking chair, a stereo, as well as a bed—provide a homelike, relaxed atmosphere and a natural setting for birth. These hospital birth rooms, though more like home, provide ready access to emergency equipment.

Some communities have maternity centers (sometimes called alternate birthing centers), where the pregnant woman goes for labor and delivery and returns home after a short recovery period.

Early in your pregnancy your doctor or nurse-midwife can help in deciding where you should go to deliver.

In part, your decision will be based on the kinds of services available in your community. If you choose not to go to a hospital make sure that:

- You are continually checked throughout your pregnancy for possible risk factors so that if any problems do develop, you can change your plans and go to a hospital instead.
- You can easily and rapidly be sent to a hospital in case of problems in labor and delivery.

Labor and Delivery

During the last weeks of pregnancy, new changes will signal the approaching birth. For example, you may feel that the baby is lower in your abdomen, and people may tell you that it looks as though your baby has "dropped." This is called "lightening" and it means that the baby's head has settled down into the bony part of your pelvis. Sometimes this happens quickly and you find it suddenly easier to breathe. Sometimes "lightening" does not occur until after labor begins.

False Labor

Contractions of the uterus late in pregnancy are normal. They are called "false labor" because they do not open the cervix as does true labor. There are some signs to help you distinguish between false labor and the real thing:

- The contractions of false labor are usually not regular.
- The contractions of false labor often go away when you walk around—in real labor, they'll feel stronger.
- The contractions in real labor get stronger and closer together with time.

You may notice some tightening in your lower abdomen or even occasional contractions of the uterus late in pregnancy. These contractions will go away when you walk around or practice your breathing techniques. If they do not go away, contact your doctor.

Signs of Labor

The beginning of labor is a very individual thing. Some women don't even realize they are in the first stage of labor, mistaking it for gas, heartburn, backache, or indigestion.

There are three signs that labor has begun. They do not necessarily occur in any particular order and they may occur in a different order with each pregnancy. They are:

- **Regular contractions, which usually begin in your lower back and then travel to the front of your abdomen.**
  Contractions occur because your uterus is tightening and relaxing to help open the cervix and push the baby out through your birth canal. During the early part of labor this may feel like

menstrual cramps. Some women feel only abdominal contractions or only a backache. Contractions of true labor occur regularly. They usually start about 15 to 20 minutes apart and last 30 to 45 seconds. As your labor proceeds, the contractions become more frequent and last about 60 seconds. If you walk around or lie down they will not go away as they did in false labor. You should not eat once contractions have begun.

- **A pink "show" or plug of mucus**
  As your baby pushes against the cervix or neck of the uterus, the cervix opens and a pink colored "show" or plug of mucus comes loose. Also, there is generally a small amount of blood.
- **A gush or trickle of water from your vagina**
  A flow of water from your vagina indicates the breaking of the membrane or "bag of waters" that surrounded the baby during pregnancy. There is no pain; it just feels like a flow of warm water. You can lose about a quart of water, but the amount depends on where the sac breaks. You may continue to lose fluid as your body continues making it. Sometimes the "bag of waters" breaks at the beginning of labor and sometimes it happens late in the first stage of labor.

Call your doctor immediately when your membrane or "bag of waters" breaks or when your contractions are regular and 15 minutes apart. For the first child the doctor will probably tell you to come to the hospital when they are 5 minutes apart. Don't worry that you may not make it; the first stage of labor is about 8–12 hours long for a first baby. Generally speaking, if you have had at least one baby your labor will be shorter than with the first.

At the Hospital

When you arrive at the hospital you usually go to the admitting office. If there is time, you will be asked for certain information for your records. If not, the person who brings you to the hospital may give any information needed. You are then taken to a maternity admissions room or labor room where you put on a hospital gown. If you are in true labor, the hair may be shaved around the vaginal or pubic area so the skin can be carefully cleaned, and you may be given an enema to clean out your lower bowel and rectum. The cleansing of your bowel makes more room for the baby to be born.

As the baby comes down the birth canal, you will feel as if you have to move your bowels. This is just the pressure of the baby and nothing else.

The Support Person

Most hospitals permit you to have someone with you during the labor and some will also allow that person to accompany you into the delivery room. It is usually the baby's father, but it may be your mother, an older sister, or your childbirth education teacher. Be sure to check the hospital's policy and your doctor's policy about this arrangement since some only allow people who have attended childbirth classes.

A Note to the Father

Throughout the childbirth classes you and your partner have been studying the birth process, learning breathing exercises and the ways you can make her more comfortable during delivery. Nothing, however, can fully prepare you for participating in your first labor and delivery.

Remember, this is a very special time for both of you. Even if you have not attended childbirth classes you may want to be present at the birth of your child.

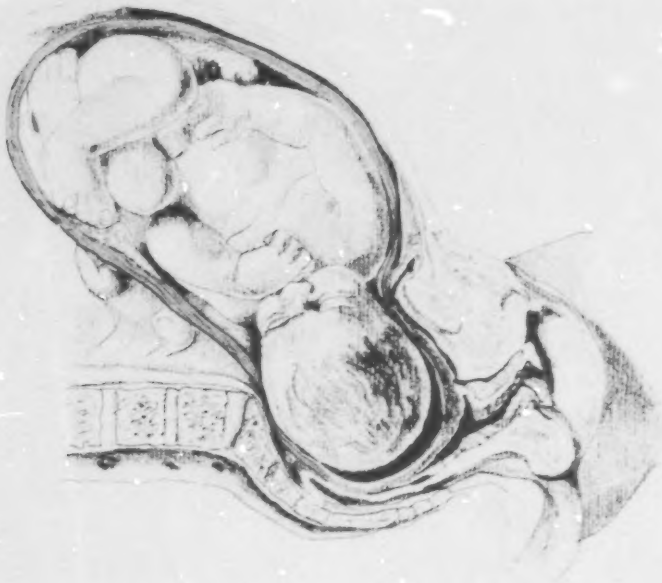
Do not be surprised at your partner's behavior or at anything she says. Help her through the labor and delivery and don't give up. She needs your support and caring. Remember, this is also your chance to be present at your child's first breath.

Stages of Labor

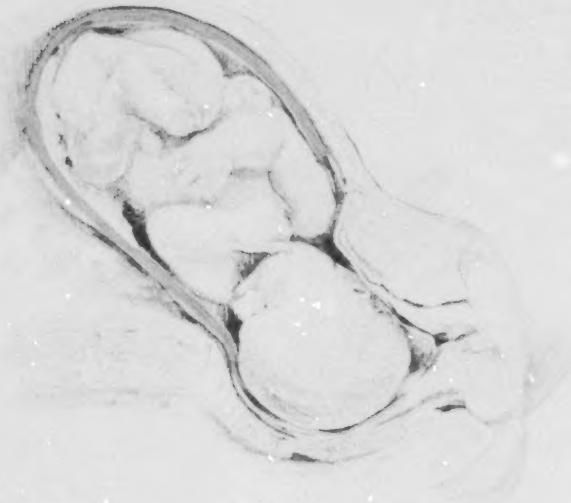
Labor means work. During this time, you have to work to help the baby move from your uterus into the world. It may be some of the hardest work you will ever do. Your cervix, which is made up of firm tissue shaped like a small doughnut with a tiny hole in the center, has been closed throughout the pregnancy. Now it must stretch wide enough for the baby to pass through. The uterus tightens or contracts and forces the opening wider, little by little, over a period of several hours. Contractions feel different to different women. Some describe them like a wave that builds to a peak and then recedes.

Labor is divided into stages. During the first stage of labor your cervix will dilate (opening to the fullest), so that the baby can pass through. The second stage of labor begins when you push the baby out of the uterus into the birth canal and ends when the baby is born. The third stage is when the placenta (afterbirth) is expelled. The whole process of labor lasts about 12–14 hours for a first baby and about 7 hours for subsequent babies.

During the first stage of labor, you will be examined regularly to see how fast your cervix is opening (dilating). This is done by a vaginal or rectal examination. The doctor measures the cervical opening in centimeters. When the cervix is open to its fullest, 9 to 10 centimeters, the opening is large enough for the baby to pass through.



Cervix dilating



Cervix fully dilated

A nurse or nurse-midwife will probably be with you most of the time you are in labor. The father of the baby or other support person may be allowed to stay with you, if you want, and if hospital rules permit.

To make sure the baby is in good condition during labor, the doctor or nurse will check the baby's heartbeat, either by listening with a stethoscope or by electronic fetal monitoring through wires taped to your abdomen.

When the cervix has opened wide enough the baby's head will begin to pass through. If the bag of waters has not already broken, it will at this time, causing a gush of fluid from the vagina.

Head emerging

In the second stage of labor, the baby is pushed through the open cervix, through the birth canal (vagina), and is born. This stage is much shorter than the first, about 1½ hours for first babies, and 30 minutes or less with later children. Contractions during this part of labor are about 2 to 3 minutes apart and last about a minute.

As the baby moves, little by little, through the birth canal, it puts pressure on the rectum and causes an urge to "bear down" as though having a bowel movement. The doctors and nurses may ask you to use special breathing techniques while bearing down. Pushing usually relieves some discomfort and shortens labor. However, it is important not to start this pushing until the doctor says to do so.

Head free

You will now be moved from the labor room to the delivery or birthing room. Here you will be placed on the delivery table, with support for your feet and legs. Your vaginal area will be washed. Drapes will then be placed over your legs and abdomen. A large mirror may be overhead, and can be turned so that you can watch your baby being born. Once the scalp is visible, pushing with the next few contractions will bring the baby into the world.

In the third stage of labor, the placenta and membranes pass out the vaginal opening. This generally happens within 5 to 30 minutes after the baby is born.

Medications for Pain and Anesthesia

During labor your contractions may cause you much discomfort. You may request medicines to help relieve the pain. The doctor will select the most appropriate medicines taking into account how you and your baby are doing.

Analgesics are medicines that relieve pain. They are sometimes administered by injection to help relieve the pain associated with contractions.

Anesthetics are medicines that completely deaden feeling in part or all of your body. General anesthesia, which puts the patient to sleep, is rarely used today because it can cause breathing problems for the baby. In addition, general anesthesia can make you nauseated and cause you to vomit when you awaken.

Regional anesthesia is used most commonly today. This method of anesthesia deadens pain in limited areas of your body but allows you to remain awake to help your baby come into the world. With regional anesthesia, you and your baby are generally not as subject to the bad effects associated with general anesthesia. You should discuss any risks with your doctor. Your physical condition, that of the baby, your progress in labor, and your desire to participate in the delivery will help you and your doctor decide which, if any, anesthestic you are going to use.

There are a number of different techniques used to administer the anesthetic. Each has advantages and limitations. For example, while the anesthetic may relieve pain, it may also weaken the contractions and thus slow labor. Also, some anesthetic may reach the baby. Ask your doctor to explain the various methods. They include the following:

Spinal anesthesia involves a single injection directly into the spinal fluid in the lower back to block the pain-carrying nerves. A "saddle block" is a spinal injection that is given in the back to anesthetize a smaller area.

Epidural anesthesia consists of injections of small amounts of anesthetics near the spinal nerves several times during labor.

Caudal anesthesia consists of one or more injections near the tailbone.

Pudendal and paracervical blocks consist of injections through the walls of the vagina and near the cervix, respectively.

Episiotomy
An episiotomy is a small cut made between your vagina and anus to allow more room for the baby to be delivered. Making this cut prevents possible tearing of your tissue and is done only when necessary. A few stitches are used to close it. These stitches are absorbed during the postpartum period and do not need to be removed. An episiotomy heals better and is easier to repair than a tear. Before labor ask your doctor or nurse-midwife about their policies for making an episiotomy. There are techniques that can be used to help avoid this procedure.

Instruments Used in Delivery
Forceps are used in the delivery of your baby only if the doctor feels that pressure on the baby's head must be relieved and if the birth of the baby is not progressing. The baby's welfare is always foremost and forceps are never used in ways that could be harmful to the baby.

Prepared Childbirth
Natural or prepared childbirth classes are designed to help you understand pregnancy, labor, delivery, and birth, and to have your baby with little or no anesthesia, pain-relieving medicines, episiotomy, or instruments. Both the mother and a support person, generally the father, are taught about breathing and muscle relaxation methods. During labor the support person keeps the mother comfortable, helps with techniques for breathing and relaxation during contractions, and provides reassurance and encouragement. Some women who use a prepared childbirth method need no anesthetics or pain relievers at the time of delivery. However, taking these classes does not mean you cannot have pain relievers or anesthetic if you and your doctor should decide you want and need them. If you are interested in prepared childbirth, discuss it with your doctor or nurse-midwife. The doctor and delivery room staff must participate if this method is to be effective.

Your doctor can help you find a class or teacher to instruct you in

prepared childbirth techniques. Also, there are a number of books on the subject. Even if prepared childbirth is not for you, you can still benefit from regular prenatal classes.

Cesarean Section

A cesarean delivery or C-Section is an operation in which the baby is delivered through an incision in your abdomen rather than through the vagina. Even though a cesarean delivery is considered major surgery, the risk is relatively small.

The cesarean delivery is performed only when the risks of vaginal delivery outweigh the benefits. The cesarean is used when vaginal delivery would threaten the life or safety of the mother or infant, when a previous child has been delivered by cesarean, or in the presence of certain diseases or conditions.

Breech Baby

Most babies enter the birth canal head first. Rarely, a baby may enter the birth canal in another position. A breech baby is one whose feet or buttocks enter the birth canal first. This usually makes labor longer and more difficult for the baby, so you are most likely to have a cesarean section if your baby is in a breech position. Your doctor will let you know if your baby is in a breech position and will tell you what to expect.

After Delivery

Immediately after birth, your baby is held with the head lowered to assist in the drainage of amniotic fluid, mucus, and blood. A small bulb syringe may be used to suction the mouth and nose. The cord is then clamped, the baby is dried, and warmth is insured with blankets, heat lamps, or a heated bassinet. Oftentimes the baby is placed on your chest immediately after birth to establish skin-to-skin contact.

Drops to prevent infection will be put into the baby's eyes and identification bands will be placed on you and the baby before leaving the delivery room. The baby's hand and foot prints may also be taken.

The Recovery Room

Before going to your own room, you may be taken to a recovery room for an hour or two. Here you will be watched closely and checked frequently for any excessive bleeding or unusual change in blood pressure. The baby's father may be allowed in the recovery room with you. If there is no recovery room, you may stay in the delivery room for an hour or so.

Hospital Stay and Recovery

About 2 hours after delivering your baby, you will be moved to your room. At this time you can usually have visitors. Many hospitals give you a choice of having your baby with you or placing the baby in a nursery. Having the baby with you allows you time to be together, and if you are breast feeding, nurse whenever the baby wants to eat. If you prefer the more traditional plan, you will share a room with several other new mothers. Your babies will be cared for in the nursery and brought to you for feeding and getting acquainted.

Getting Out of Bed
After delivery you will be excited, but you will also be very tired. Labor is work and you will probably do a lot of sleeping. If you have had a normal delivery, you will be encouraged to get out of bed and walk around the first day. This actually helps speed your recovery.

Length of Stay
How long you stay in the hospital depends on the kind of delivery you have had and how you are getting along. Many women stay in the hospital from 2 to 4 days after delivery. However, some hospitals have early discharge programs where mother and baby go home in 6–8 hours. If your baby was delivered by cesarean section or you have some kind of health problem, you may have to stay in the hospital 5 days or more.

Visitors
Most hospitals have visiting hours and allow people other than family to see you. It is wise to tell relatives and friends not to visit you in the hospital if they have a cold or are not feeling well. Some hospitals allow the brothers and sisters of a new baby to visit. If your hospital does not allow children to visit, call them and tell them about the new baby.

Back to Normal
Although your uterus is no longer carrying the baby, you will notice that your abdomen is not as flat as it was before pregnancy. It takes about 6 weeks for your uterus to return to its nonpregnant size. You can begin light exercises at home. Regular exercises to

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tighten the abdominal muscles should wait until you are checked at your postpartum visit (see p. 83).

You may have "afterpains" for a few days because your uterus keeps contracting to return to its normal size. These pains may feel a little like menstrual cramps. If you are breast feeding you may experience more cramping while you are feeding.

If you have had an episiotomy, you will receive special care for the stitches. For the first few days a heat lamp or analgesic spray may be used. A nurse will show you how to wash yourself properly around the stitches. Later, in the hospital and at home you may take sitz baths. These baths consist of just sitting in plain warm water.

Diet

You will probably be hungry after the work of labor. You can usually eat a regular diet in the hospital and when you go home. Keep up the good food habits that you established during your pregnancy. If you are breast feeding your baby, you will need more calories and more of certain nutrients than a woman who is not breast feeding. You should get these calories and nutrients by drinking another two glasses of milk and by eating an additional serving of meat or dried beans and whole grains and another fruit or vegetable each day. (See Breast Feeding, p. 86).

Breast Care for Mothers Who Breast Feed

If you have decided to breast feed your baby, wear a nursing bra both for convenience and support. Your breasts are larger and heavier when they are filled with milk. The first few days a liquid called colostrum will come from your nipples. Colostrum is nourishing and contains substances to protect your baby from infection. True breast milk comes about 3 days after your baby is born. It is blue-white in color and does not look like cow's milk.

You may experience some discomfort on the second or third day when colostrum changes to milk and there is more fluid in your breasts. You can relieve the discomfort by nursing your baby frequently or expressing your milk by hand.

Wash your breasts with plain water when you shower or bathe. Do not use alcohol, as this will dry out the nipple area. Too strong a soap will also remove protective skin oils.

When you are breast feeding you should not use oral contraceptives (the "pill") as a means of birth control.

Breast Care for Mothers Who Do Not Breast Feed
Remember that if you change your mind and decide to breast feed, your milk production can be stimulated by frequent nursing during the first few days after giving birth.

If you are not breast feeding, you can expect some discomfort from the "coming in" of your milk on the second or third day. To minimize this discomfort, wear a supportive bra, put ice packs on your breasts, and avoid stimulating your breasts. The most uncomfortable period lasts only about 36 hours.

Bathing
You will notice that you perspire more than usual after your baby is born. Some doctors suggest that you shower or sponge bathe until the episiotomy is healed. Others feel that you can take a tub bath immediately. Ask your doctor or nurse for their recommendation. You may wash your hair whenever you want.

Constipation
Constipation may be a problem during the first weeks after your baby is born. Eat plenty of high fiber foods, such as whole grain cereals and breads, and raw fruits and vegetables, and drink plenty of water. If this does not help, your doctor may prescribe a mild laxative. You should not take strong laxatives if you are breast feeding because they can cause your baby to have diarrhea.

Problems With Urinating
You may nave difficulty urinating. This may be due to the anesthetic you received, pressure on your bladder during labor, discomfort from stitches, or for other reasons. It is important, however, to empty your bladder within 6 to 8 hours after you have your baby. The nurse will suggest ways to help. If you have a great deal of difficulty, a catheter or tube may be used to drain your bladder.

Vaginal Discharge
The placenta or "afterbirth" was attached to the inside of your

uterus. After it comes out, you will have some bleeding. This fluid is called lochia. For the first few days, it is bright red, then it changes to a pinkish colored discharge by the end of the first week. The amount gradually decreases and by about 3 weeks after delivery, the flow of lochia has usually stopped. When you are very active and have a great deal to do at home, the lochia may continue longer. If the lochia smells bad, becomes bright red or heavier after you go home, let your doctor know.

Feeling "Blue"

Sometimes, for no apparent reason, you may feel let down and "blue" a few days after your baby is born. It may occur while you are still in the hospital or after you go home. This feeling is due to hormonal changes and will usually go away in a few days. Lack of rest or interrupted sleep may continue to make you feel tired, irritable, and depressed. Most often all that's needed is a little time for you and your family to get used to your new schedule, a chance for your body to heal, and some extra rest.

Some women continue to feel depressed at times for no special reason. This is called postpartum depression or "baby blues." If extra rest and being with friends doesn't help, and if you feel worse each day, talk with your doctor. He can refer you to someone for special help.

Fatigue

You will need a great deal of rest and sleep when you come home after the birth of your baby. The baby's father, relatives, and friends can give you some assistance with household chores. Your other children can also help relieve you of some of your responsibilities. Even a 3-year-old can get a diaper for you.

With proper rest and sleep, you will get back to normal much more quickly. Avoid heavy work for at least the first 3 weeks after your baby is born.

Return to Regular Menstrual Periods

If you are breast feeding your baby, you may not menstruate for 5 or 6 months, or for as long as breast feeding lasts. However, if you begin menstruating while you are breast feeding, don't worry. You can continue nursing.

If you do not breast feed, you will probably have a menstrual period within 6 to 8 weeks of childbirth. The first period may be longer or shorter than usual.

Remember that your ovaries usually begin to function soon after delivery, even if you do not menstruate. You *can* become pregnant again. Breast feeding does *not* act as a fail-proof contraceptive.

Sexual Intercourse

You may resume sexual intercourse as soon as it is comfortable and all stitches are healed and all discharge stops. This is usually at least 3 or 4 weeks after childbirth. Or you may choose to wait until after the 6-week checkup. Talk to your doctor or nurse about your situation. If you plan to space your children, you should begin using a birth control method before you resume sexual relations.

Family Planning

For your own health and the health of future babies, it is best to space children at least 1½ to 2 years apart. Spacing children requires a form of birth control. If you do not plan to have another child soon, some form of birth control is necessary the first time and every time you have sexual intercourse after the birth of your baby.

Today, couples may choose from many different forms of birth control. Some are more effective than others. There are artificial methods that work by setting up barriers to prevent the sperm from meeting the egg, and there are natural methods in which you stop having intercourse when the risk of pregnancy is greatest. Some of the artificial methods require a doctor's prescription, others can be bought at the drug store. Some require planning and preparation before intercourse; others don't.

Before you and your partner decide on which method to use, make sure you have discussed it fully and that you take the following things into consideration:

- your personalities
- your lifestyles
- the effectiveness of the method
- the health risks involved
- the cost

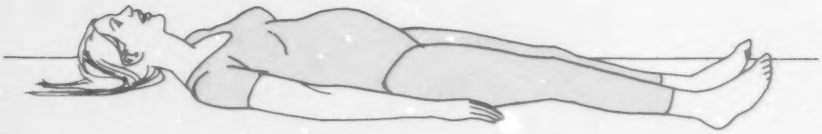
Remember, there are advantages and disadvantages to each method, so talk it over thoroughly with your partner and your doctor before you decide. The best method for you is the one you will use regularly and correctly.

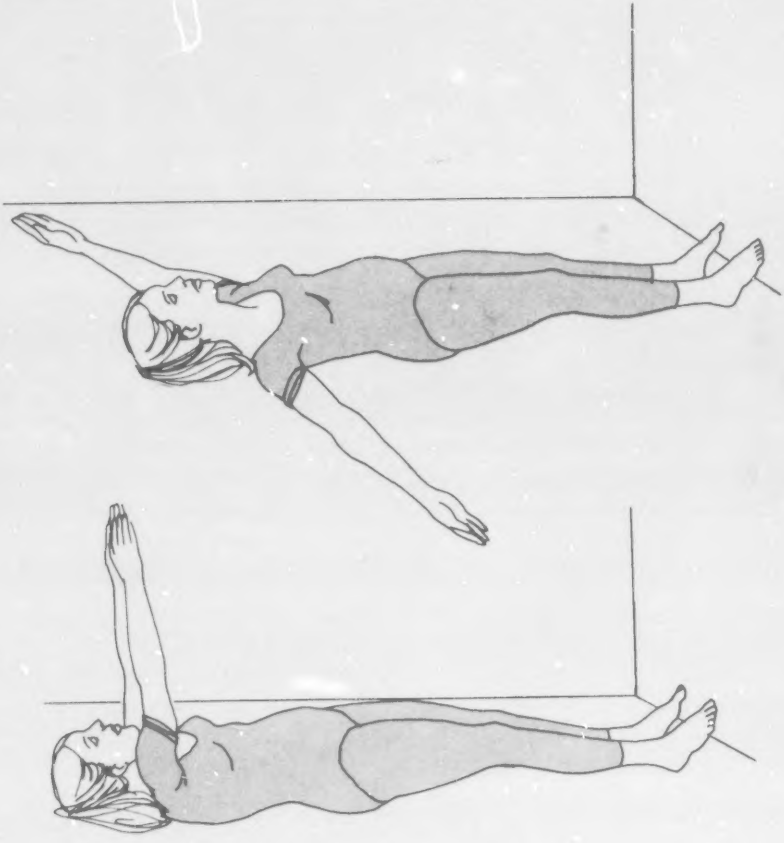
Getting Back into Shape

Getting out of bed and walking around is the first "exercise" you will do after childbirth. Do this as soon as you feel up to it.

With the approval of your doctor or nurse-midwife, exercises may be started 24 hours after a normal delivery. Regular mild exercising will strengthen your muscles and help you get back into shape. Lying on your abdomen will help your uterus return to its normal position. Your doctor or nurse may give you some exercises, or you may want to try some of these.

Lie flat. Breathe in deeply from your abdomen. Exhale all the air. Rest. Repeat 5 times.





Lie flat with your arms out at your sides. With your elbows stiff, raise your arms until they are straight over your head. Bring your palms together. Lower your arms. Rest. Repeat 5 times.

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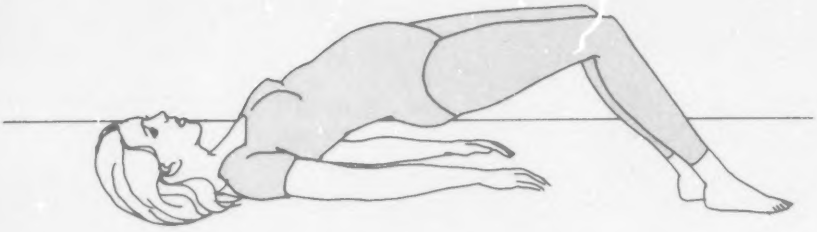
Lie flat with your legs straight. Raise your head and one knee slightly. Reach toward that knee with opposite hand. Relax, then repeat with other hand and knee. Repeat the sequence 5 times.

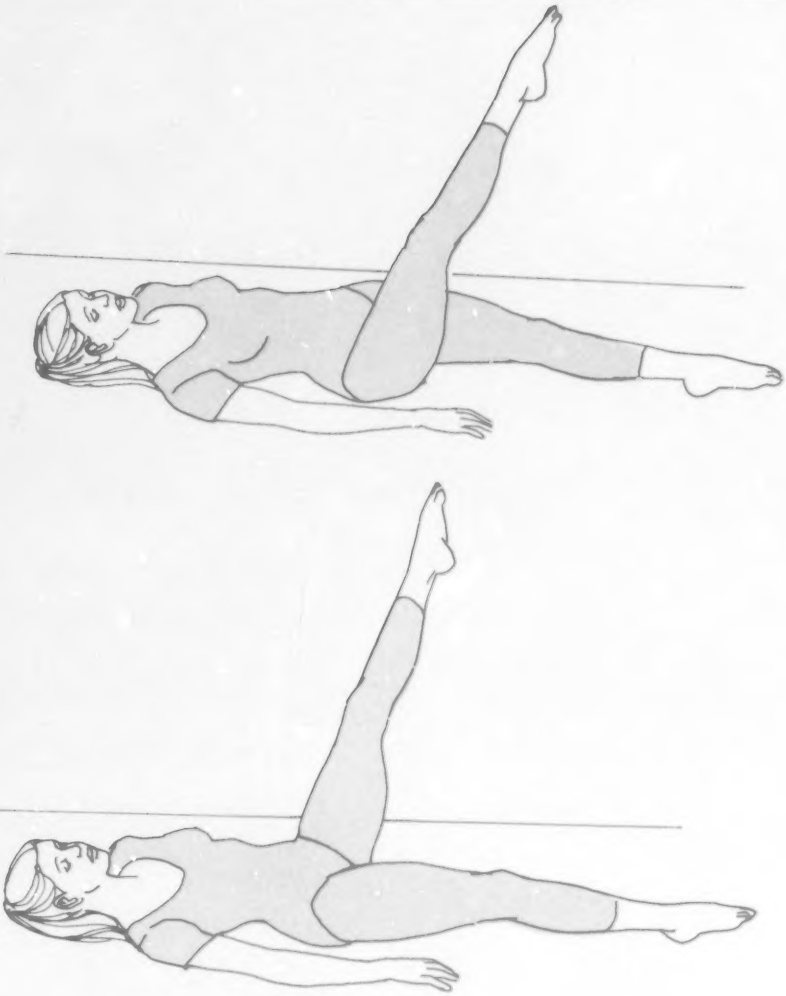
The following exercises are designed to strengthen your abdominal muscles. You should begin by repeating each exercise about 3 times and gradually increasing the number as you feel more comfortable.



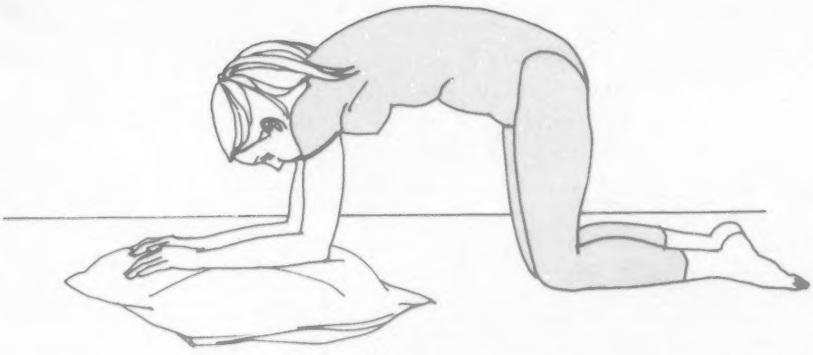
Lie flat with your arms at your sides. Slide your feet toward your buttocks. Arch your back while supporting yourself with arms, shoulders, and feet. Relax.

Lie flat with your knees raised. Then lift your head while raising the pelvis and tightening buttocks muscles. Relax.

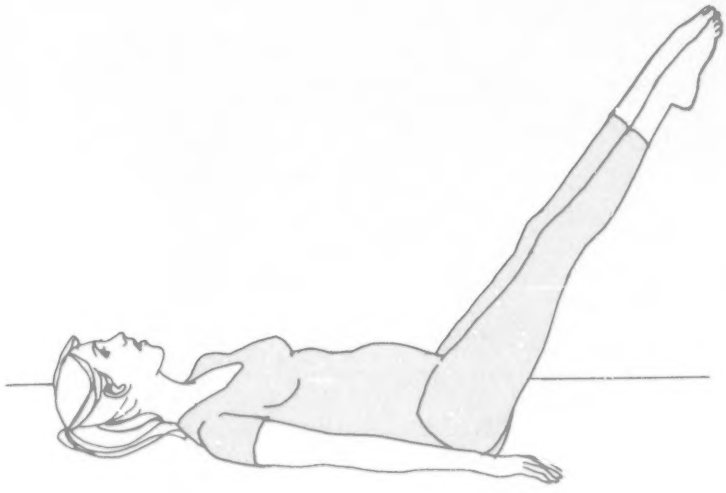
Lie on your back. Raise one knee and pull your thigh down onto your abdomen. Lower your foot to your buttock. Then raise the leg and straighten it. Lower slowly to the floor. Rest and repeat with the other leg.



Lie flat on your back with toes extended outward. Raise the left leg using your abdominal muscles. Lower your leg slowly, then repeat with the right leg.



Resting on all fours, arch your back while contracting the muscles in your buttocks and abdomen. Relax, then breathe deeply.



Lie flat on your back as shown. Lift both legs at once using the muscles in your abdomen. Lower your legs slowly.

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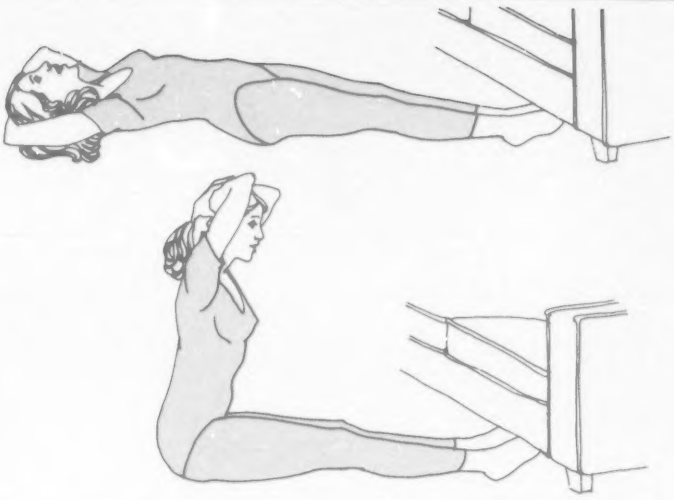

Lie flat on your back using a piece of furniture to brace your feet. Place your hands behind your head and slowly sit up. Lie back slowly using your abdominal muscles.

Postpartum Checkup

To complete your medical care for pregnancy, visit your doctor or clinic 4 to 6 weeks after you have delivered your baby. By that time your uterus should be back to its normal size and position and your weight should haved dropped to about wha' it was before you became pregnant. You will receive the same checks at the postpartum examination that you received during pregnancy—including weight, blood pressure, a blood test for anemia, internal and breast examinations, and any laboratory tests indicated. Your doctor will prescribe treatment or special care if you need it.

The postpartum visit is a good time to talk to your doctor about anything that concerns you—your health, your weight, exercise, diet, work, and your feelings about your baby. It is a good idea to write down your questions and take notes so you will remember the answers. You probably discussed child spacing and birth control with your partner and with your doctor about the time your baby was born. If you didn't, the postpartum visit is ideal for obtaining information about birth control and a birth control method if you want to use one.

Part III

The Baby

The First Minutes

Most mothers are awake during delivery and work hard to help the baby come into the world. You hear the first cries, see the baby's first breath, and hold your son or daughter in your arms and at your breast. These first few minutes when you feel the warmth of your baby's body, and when the baby hears your heartbeat, feels your touch, and hears your voice are some of the most important in both your lives.

Long before birth many mothers and fathers think about what the baby will look like. Will the infant have her curly hair? His nose? Light or dark complexion? A boy or a girl? Parents form pictures in their minds of the beautiful babies in advertisements and on TV. Many have never seen a newborn baby and are unprepared for this little red, wrinkled baby with a big head and a body covered with a white creamy substance.

Parents must keep in mind that the baby has lived in a bag of water for 9 months, has just made a long, difficult trip through the birth canal, and is probably yelling as hard as possible to get air in and out of the lungs. Soon, when the baby is cleaned and fed, and begins to relax, some of the wrinkles will disappear.

The baby's head is very flexible. Spaces between the bones called "soft spots" or fontanels allow the baby's head to squeeze through the birth canal without damage. The head may not look quite right to you but it will take on the correct shape within a week or so. Soon you will see the beautiful baby you had pictured in your mind.

The First Days

Hospitals have different nursery policies. Check with your hospital before you deliver to make sure these policies meet your needs.

Some hospitals offer "rooming-in." In this case, your baby will be with you in your room all the time. You will be able to feed, hold, and care for your baby. If you become extra tired, the baby can go back to the nursery for a few hours. Other hospitals allow the baby with you any time or for as long as you wish during the day. Still others may only allow the baby with you at feeding time. Policies regarding the father's time with mother and baby also differ.

Use those first few days to really get to know your baby. Inspect the fingers and feet, and cuddle and talk to your baby. Have the

baby's father do the same. Some people think that a newborn cannot see or hear. This is not true. Your baby will learn your voice and your touch very quickly. The vision clears fast. Babies that are talked to and touched are much more relaxed and happy. Even though babies are tiny, they do not break! Learn as much as you can about newborn babies—talk to your doctor, the nurses, and other mothers. And remember, all babies are different so this is a good time to learn how unique your baby is.

If this is your first baby, ask the nurses to show you how to hold, feed, burp, and provide the proper care. If baby classes are offered by the hospital, ask all the questions you need to. Remember, no question is too foolish.

Your pediatrician (baby doctor), the hospital pediatrician, or your family doctor will examine the baby before you go home. Again, ask all the questions you have about the baby's care and behavior. Also find out about your baby's first checkup.

Feeding Your Baby

One of the many decisions parents must make is whether to breast feed or formula feed their baby. This choice should be based on an understanding of both kinds of feeding.

Breast Feeding. When you breast feed, your milk is the only food your baby needs for the first 5 to 6 months of life.

- Your milk has just the right amount of nutrients to help your baby grow and is never "too rich" or "too thin."
- Your milk is easy for your baby's immature digestive system to digest.
- Your milk contains substances which help protect your baby from infections caused by viruses and bacteria.
- Your milk reduces the possibility that your baby will have allergic reactions.
- Your milk is always clean and at the right temperature.
- Your milk is ready to serve when your baby is hungry.

Breast feeding also helps you.

- Breast feeding costs less than formula feeding.
- Breast feeding uses the extra fat your body stored for this purpose during pregnancy and helps you lose weight.
- Breast feeding may help your uterus return to a normal size more quickly.
- Breast feeding brings you and your baby together emotionally as well as physically.

If you decide to breast feed you'll be joining a growing number of parents who have also made that decision. About half the babies born in the U.S. are now breast fed. No mother knows automatically how to breast feed. Although breast feeding is the "natural" way, it must be learned. A mother who has recently breast fed her own baby successfully can offer helpful advice.

It helps you and the baby learn how to breast feed if you begin in the first hours after birth when the baby is alert. Breast fed babies normally want to eat every 2–3 hours.

To produce an adequate amount of milk, you must eat a good diet. During breast feeding you need more essential nutrients—vitamin A, vitamin C, thiamin, riboflavin, and niacin—than you did during pregnancy. Two extra servings of whole grains or one additional serving of meat, fish, chicken, or dried beans will supply the extra niacin. The increased amounts of vitamin C and vitamin A can be supplied by an extra serving of raw or slightly cooked dark green leafy vegetables or a serving of broccoli, tomatoes, cantaloupe or watermelon. See the list of good sources of vitamin C and vitamin A on page 36. You need to drink more liquids when you are breast feeding, so increase your fluids to 8–12 glasses daily.

Daily Food Guide During Breast Feeding	Suggested Number of Servings
Fruits and vegetables	5 or more servings
Milk and milk products	4 servings
Meat, fish, poultry, dried beans, peas, nuts	3 servings
Whole wheat or enriched breads and cereals	4 to 6 servings
Fats and sweets	vary according to calories needed

There are no special foods that will insure successful breast feeding. Likewise, there is no basis for avoiding garlic, curry, strong-flavored vegetables, or any other nourishing food. Remember, it takes several hours for a food flavor to appear in your milk. If a particular food seems to cause you or your baby discomfort, omit that food to see if it is the cause.

If you are breast feeding and need to be away from your baby at feeding time, you can express your milk by hand into a sterile container and freeze or refrigerate it for bottle feeding later. If your baby is confined to a special care nursery after birth, and you need to express milk for a period of days or weeks, you may want to consider a breast pump.

Formula Feeding. Commercially prepared infant formulas are satisfactory alternatives to breast milk. These formulas are made from cow's milk or soy protein to approximate the nutritional composition of breast milk. They do not include the protective properties of breast milk, however.

You can purchase ready-to-feed formulas and concentrated liquid and powder forms that need to be diluted and are generally less expensive. You must use care when preparing and storing the formulas in order to control the growth of germs that cause diarrhea and stomach and bowel infections.

Formula fed babies generally eat every 3-4 hours. Be sure the temperature of the formula is comfortably warm by testing a few

drops on your wrist or the back of your hand. Tilt the bottle so that its neck is always filled. This will prevent the baby from swallowing air. Remove the bottle occasionally to let the baby rest. If you hold and cuddle your infant during bottle feeding you will feel a greater physical and emotional closeness to your baby.

Circumcision

Circumcision is a simple operation to remove the foreskin from the penis. You and the baby's father will want to discuss whether you want your baby boy circumcised. Circumcision was once a routine medical procedure for male babies, thought to be necessary for cleanliness. Today, however, there is no medical indication for routine circumcision of the newborn. Discuss the matter further with your doctor before deciding.

Low Birth Weight Babies

Babies that weigh less than 5½ pounds at birth are referred to as low birth weight babies. Some, but not all, are premature, which means they are born before the full 40 weeks of pregnancy have passed. Often, when they are not strong enough to eat or breathe on their own, they are placed in special care nurseries and looked after by specially trained doctors and nurses.

Doctors know many but not all of the reasons for premature and low birth weight babies. Some of the causes are maternal alcoholism, smoking, untreated infections, and inherited (genetic) conditions. Other causes are unknown.

If your infant is placed in the special care nursery, you and the father can visit. Be prepared to see a very tiny baby—skinny, wrinkly, and red. The baby may be naked and may have feeding tubes and machines to check the heart and breathing. Touching, stroking, and talking will help the baby and also help you feel closer, even though the baby is in an incubator. With good care and love these babies grow a little each day. Just remember that your baby is receiving the best care possible. Get to know your baby a few minutes at a time each day and be sure to talk with a nurse or the baby's doctor if you feel anxious, upset, or disappointed. With a little time, your baby will soon learn to respond to you.

Birth Certificate Information
Before you go home, you will be asked for information for the birth certificate. It is better if you have chosen the baby's name so it can be included. The information is sent to the registrar of births and you can always get a copy of the birth certificate from the Bureau of Vital Statistics either in your community or State capital. Your baby will need the birth certificate to enter school so be sure and keep it in a safe, secure place.

First Car Trip
If you ride in the family car, buckle your new baby into an approved, crash-tested car seat on the trip home and on every trip in a car. There are no safe substitutes. Even a strong adult cannot hold a baby safely in an automobile crash. Adult seat belts and baby car beds do not give enough protection in a crash or sudden stop. You should choose a model that meets Federal safety standards. The safest place for an infant safety seat is the middle of the back seat of the car, securely fastened as the manufacturer recommends. Infant models allow the baby to ride backward in a semi-reclining position. For your newborn baby, roll up a baby blanket and tuck it in for extra support.

The First Weeks at Home
During your first weeks at home you will be learning your role as a parent to your new baby. If this is your first baby, you will find that your lives change as your family becomes larger. If you have other children, you will find that even more adjustments must be made. Fitting a little stranger into a family takes time. Don't worry if some things don't get done as they used to. You are still recovering from your baby's birth and still adjusting to your new baby. Rest when your baby naps, and have other members of the family help with the housework and the baby as you find a new family schedule that works.

Baby's Schedule
During the first days at home you may think that all your baby does is eat, sleep, and wet—on no particular schedule. This is a trying time for all of you. But remember there's no reason to put yourself on a rigid schedule. Instead, try to develop a routine that is

convenient for you, your baby, and the other family members. Be flexible and make changes as your baby develops. You will find that a workable schedule of caring for your baby, yourself, and the rest of your family will soon fall into place.

Some newborn babies do a great deal of sleeping and others do not. You may think your baby does not know day from night because of sleeping all day and being awake most of the night. Fortunately, this is usually over in a few weeks. Try to have patience. You can help make the days different from the nights by being more active and playful with your baby during the day.

Babies wet their diapers about every 2 to 4 hours and the number of their bowel movements varies a great deal. Breast fed babies may have only 1 bowel movement every 2 or 3 days during the first month. This is normal. Formula fed babies may have 3 to 6 bowel movements a day, usually after feeding. This is also normal.

In the first month, your baby can spend up to 20 hours a day sleeping. Waking periods will seldom be more than 30 minutes long. This is the time you will feed, change, and bathe your baby. Be sure to talk to and cuddle your baby. You will soon find your baby responding to the sound of your voice and the feel of your touch, and each day becoming more and more aware of you and the others in your family.

Your baby will need to eat about every 2 to 4 hours. However, don't delay feeding just to allow a by-the-clock schedule, since your baby may become very hungry and anxious. If you are breast feeding, keep track of how long your baby nurses at each breast. If you are feeding formula, make notes about how often and how much your baby eats at each feeding. You will want to discuss eating habits and schedules with your pediatrician at the baby's first checkup.

Newborn babies cry to make their wants known. Some cry more than others. Mothers soon learn to know their baby's cries and you will be able to tell a hunger cry from others.

Until you learn your baby's cries, see if the baby needs to burp, check the diapers, or make sure the baby is not too hot or too cold. Your baby may just need to be held and talked to.

You will soon recognize your baby's cry that signals wet or soiled diapers. Change your baby as soon as possible, since wet diapers can

lead to diaper rash, or make it worse. You will need about 6 dozen (72) diapers a week. If you do not have laundry facilities in your home, you may want an additional dozen diapers for emergencies.

Bathing Your Baby

When you bring your baby home, sponge baths are best until the cord falls off. Wash the baby in the diaper region with each diaper change. Warm water and mild soap help prevent diaper rash. After the cord falls off and is healed, you can give your baby a tub bath.

You don't need to give a complete bath or wash your baby's hair every day. If the baby "spits up" you will want to wash the head so it will not smell sour. Do not worry about the soft spots, just use a soft wash cloth. If you do not keep the head clean, the scalp could develop "cradle cap," becoming dry and scaly. You may want to use a very small amount of oil on the scalp. Whether or not you use oil the scaliness usually disappears in a few weeks. A baby's skin is so lovely that it doesn't need anything special. Oils, powders, and lotion are not necessary. In fact, powder may irritate the baby's respiratory system and too much oil on the hair can lead to "cradle cap."

Bath time is a good time to play with your baby as it provides a chance for exercise by kicking and moving around. Many mothers feel babies sleep better after a bath. Bathe the baby at a convenient time for you and the family.

Care of the Cord

The umbilical cord was cut and tied after birth. It dries up and falls off in about a week. In the meantime, do not tub bathe your baby. A little rubbing alcohol applied to the area around and under the dried out cord keeps it clean and helps dry it up. This will not hurt or sting the baby. If the baby cries, it is because the alcohol feels cold. If there is any bleeding or a foul-smelling discharge from the cord, report it to your doctor.

Care of the Penis

If your son was circumcised, protect the site until it heals and keep it from sticking to diapers by putting a small amount of petroleum jelly and a strip of gauze on the penis. Do not use alcohol to clean

the circumcised area. If your son was not circumcised, ask your pediatrician to advise you on how to clean the foreskin.

The First Checkup

Shortly after you come home it is wise to call and schedule your baby's first checkup. If you do not know where to take the baby for care, call your local health department, hospital, or county medical society and ask for a list of pediatricians, family practitioners, or clinics in your area.

Most babies go to the doctor for their first checkup at about 4 weeks of age. This is a good time to ask any questions you may have about your baby. At future checkups your baby will be given immunizations to provide protection from certain diseases.

If you think your baby is not doing well at any time before the 4 week appointment, call your doctor or clinic.

What Your Baby Needs Most

Love

Babies that get a lot of love are healthier, happier babies. They need love from mothers, fathers, brothers and sisters, grandparents, and friends. Very soon they will show their love by turning their heads at the sound of your voice, following you with their eyes, cooing, and kicking when they see you.

Love is not just keeping the baby fed and warm. It means touching, holding, and talking—and it means patience. There will be times when the crying and lack of sleep get the best of you. There will be times when you've done everything possible and the baby still cries. This does not mean that you are not a good mother or that you have a bad baby. Babies don't cry to get even or just to be bad. They are too little to know how to do that and too little to be able to tell you what's wrong.

Babies can never be spoiled by love. There is no such thing as loving a baby too much.

Acknowledgments

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All decisions as to content are the responsibility of the Division of Maternal and Child Health and do not necessarily reflect views and policies of the organizations listed above.

Prenatal Care is the first in a series of publications designed to make parenthood a little easier. Other publications in this series are:

"Infant Care," DHHS Publication No. (OHDS) 80-30015, is a handy guide for parents who want to be sure their child has a good start in life.

"Your Child From One to Six," DHHS Publication No. (OHDS) 77-30026, gives simple, direct, and valid answers to the most usual and frequent questions asked by parents of children in this age group.

"Your Child From Six to Twelve," DHHS Publication No. (OHDS) 76-30040, highlights development from the standpoint of the child and presents a discussion of major problems as they are usually expressed by parents.

These publications are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

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